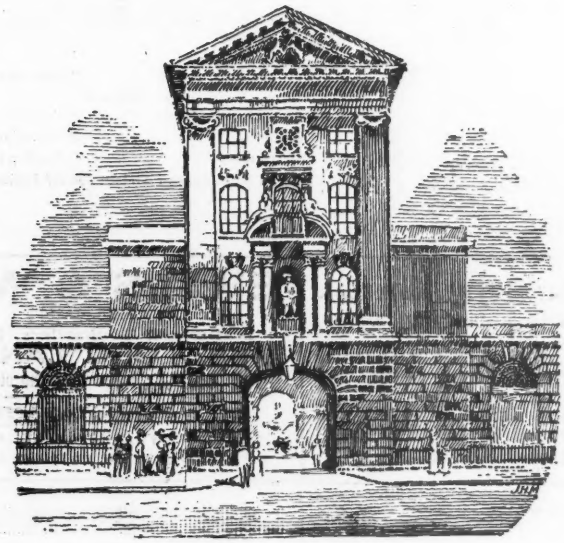
ST. BARTHOLOMEW'S HOSPITAL JOURNAL



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"Æquam memento rebus in arduis
Servare mentem."
—*Horace*, Book ii, Ode iii.

VOL. XXXVIII.—No. 8.] MAY 1ST, 1931. PRICE NINEPENCE.

CALENDAR.

Fri.,	May	1.—Sir Thomas Horder and Sir C. Gordon-Watson on duty. Medicine: Clinical Lecture by Dr. Gow.
Mon.,	,,	4.—Special Subject: Clinical Lecture by Mr. Scott.
Tues.,	,,	5.—Dr. C. M. Hinds Howell and Mr. Harold Wilson on duty.
Wed.,	,,	6.—Surgery: Clinical Lecture by Mr. Harold Wilson.
Fri.,	,,	8.—Dr. Gow and Mr. W. Girling-Ball on duty. Medicine: Clinical Lecture by Dr. C. M. Hinds Howell.
Mon.,	,,	11.—Special Subject: Clinical Lecture by Dr. Cumberbatch.
Tues.,	,,	12.—Prof. Fraser and Prof. Gask on duty.
Wed.,	,,	13.—Surgery: Clinical Lecture by Mr. W. Girling-Ball. **View Day.**
Fri.,	,,	15.—Sir Percival Hartley and Mr. L. Bathe Rawling on duty. Medicine: Clinical Lecture by Sir Percival Hartley.
Mon.,	,,	18.—Special Subject: Clinical Lecture by Mr. Just.
Tues.,	,,	19.—Sir Thomas Horder and Sir C. Gordon-Watson on duty. **Last day for receiving matter for the June issue of the Journal.**
Wed.,	,,	20.—Surgery: Clinical Lecture by Sir C. Gordon-Watson.
Fri.,	,,	22.—Dr. C. M. Hinds Howell and Mr. Harold Wilson on duty.
Mon.,	,,	25.—**Bank Holiday.**
Tues.,	,,	26.—Dr. Gow and Mr. W. Girling-Ball on duty.
Wed.,	,,	27.—Surgery: Clinical Lecture by Sir C. Gordon-Watson.
Fri.,	,,	29.—Prof. Fraser and Prof. Gask on duty. Medicine: Clinical Lecture by Dr. C. M. Hinds Howell.

EDITORIAL.

JOHN ABERNETHY.

On Monday, April 20th, the centenary of the death of John Abernethy was commemorated at a meeting of the Society which he founded in 1795 as the Medical and Philosophical Society of St. Bartholomew's Hospital. Under his keen stimulus and guidance the Society flourished from its first foundation. When later he was prevented from regular attendance at meetings by old age and illness the Society's fortunes declined, until in 1830 it had almost ceased to exist. In 1832 the Society suffered a second foundation, and as the Abernethian Society, such is the virtue of his name, has prospered from that day to this. Abernethy is known chiefly through the pages of Macilwain's biography, although the outlines of his figure are somewhat obscured by the author's unpleasing digressions into ethics. Abernethy's physiological principles and surgical doctrines are recorded in his published books and papers; his peculiarity of disposition, to which he owed much of his professional success, has become a proverbial subject of anecdotes.

His chief memorial is the Medical School, which by the value and the popularity of his lectures he founded. Yet Abernethy was more than physiologist, surgeon, teacher, writer, even than founder of a medical school. He was a disciple of John Hunter's. The influence of Hunter, early felt, remained his constant inspiration. His love for the Hunterian relics played no small part in their establishment under the fostering care of the Royal College of Surgeons. It was especially fitting that his praises should be sung by Sir Arthur Keith, Conservator of the Museum of the Royal College of Surgeons, whose commemorative address, "Fresh Light on John Abernethy," is published in this issue.

* * *

MR. T. P. DUNHILL.

We announce with pleasure that, although Mr. Dunhill has resigned from the post of Assistant Director of the Surgical Professorial Unit, his services will still be available at the Hospital. He has been appointed Associate Surgeon to St. Bartholomew's.

* * *

Congratulations to Mr. J. B. Hume, Sub-Dean of the Medical College, on his election to the post of Assistant

Surgeon, and to Mr. J. Paterson Ross, who has been appointed Assistant Director of the Surgical Professorial Unit.

* * *

ST. BARTHOLOMEW'S HOSPITAL WOMEN'S GUILD.

We should like to remind our readers that the Annual General Meeting of the above Guild will be held in the Great Hall of the Hospital on Wednesday, May 13th, at 4.30 p.m. We are specially fortunate this year in having secured as our speaker Sir Gerald du Maurier, and we very much hope that a large audience will be present to support him. A cordial invitation is extended to all to attend the meeting, and to the tea which will follow immediately afterwards.

* * *

We regret to announce the death of William Oliver Pearson, which occurred on April 11th, in Surgery Ward, after an illness of only a few hours' duration. Pearson had served the Hospital with loyalty and devotion as box-carrier and porter for thirty-seven years. He had retired from his work as recently as the beginning of the year, being then 63 years old. Pearson belonged to the old school of servant, of which few are now to be found in hospitals and in the colleges of the older universities. Obedient to authority, he retained real pride in his work, and was always willing to exercise initiative within the limits of his duties. It is sad that he should not have lived longer to enjoy the peace of his well-merited retirement.

* * *

ABERNETHIAN SOCIETY.

The Summer Sessional Address will be delivered by Prof. D. P. D. Wilkie, Professor of Surgery in the University of Edinburgh, on Thursday, June 4th, 1931, at 8.30 p.m. His subject will be "Surgery in Edinburgh in the time of Abernethy."

OBITUARY.

MRS. FREDERICK WOOD.

THE death of Mrs. Frederick Wood at the age of ninety-nine and nine months breaks the last link which connects the Hospital with a class of medical practitioner now wholly extinct. Her husband was appointed Resident Apothecary to the Hospital on March 23rd, 1847, after a severe contest with Mr. Thomas Rivington Wheeler, when he received 115 votes and his opponent 100 votes from the Governors. An Apothecary was one of the original Staff of the Hospital from at least the time of its reconstruction and probably from long before, for the physicians' prescriptions were always complex, and a special training was needed to compound them. At first his duty was to act as "the Physicians' Cook," as it is picturesquely described by William Bullein in 1562, and for performing his duty he received a wage of £20 a year. Gradually the Apothecary to the Hospital improved his position; he became resident. Francis Bernard, appointed in 1661, became Assistant Physician in 1678, and was Physician in Ordinary to King James II. Thomas Wheeler, elected in 1806, was one of the best field botanists in England, and his memory is still held in respect at the Society of Apothecaries, where he served as Master and was for many years an Examiner. Wood, the last of the resident Apothecaries, had still further consolidated the position. He lived in the row of houses, one of which is now the office of the private Nursing Staff opposite the entrance to the Medical School. These houses were then allotted to the Clerk, the Hospitaller and the Apothecary. It was the duty of the Apothecary to see the casualty out-patients, who crowded into the Hospital daily at nine o'clock to the number of about 500. These he disposed of rapidly by a process of auto-diagnosis, saying, "All those with the belly-ache, stand up." "All those with a cough, stand up." Each received an appropriate ticket entitling the bearer to a bottle of medicine. The residue were scanned more carefully, and after twenty years' service Mr. Wood used to take a justifiable pride in the belief that he had never overlooked a case of hernia or of intestinal obstruction. "His work," Sir Norman Moore says, "was that of fourteen men of the times after his, that is, of ten house physicians, two casualty physicians and two junior assistant physicians. He also acted as a kind of Secretary to the physicians receiving the fees for medical practice then paid them, and he went round all the medical wards every day." But if the Medical Staff was increased, the number of casualty patients remained the same, as may be read in the scathing attack made upon the whole system by Dr. Robert Bridges, afterwards the Poet Laureate, which appeared in the Hospital Reports in 1878.

There were two severe epidemics of cholera whilst Mr. Wood was in office, the first in 1849, when 478 cases were admitted between June 17th and October 6th, with 199 deaths, and the second in 1854, when 105 patients died out of the 322 treated between July 23rd and October 23rd. When the office of Apothecary was abolished in December, 1867, Mr. Wood practised for a time in St. Paul's Churchyard, then in Knightrider Street. He finally retired to Brighton. Mrs. Wood died at Bournemouth on April 2nd, 1931.

D'ARCY POWER.

FRESH LIGHT ON JOHN ABERNETHY.

By Sir Arthur Keith,
Conservator of the Museum, Royal College of Surgeons of England.

An Address delivered before the Abernethian Society on the Centenary of Abernethy's death, April 20th, 1931.

JUST a hundred years ago my predecessor, Wm. Clift, Conservator of the Museum of the Royal College of Surgeons, opened the "Daily Remembrancer"* I hold in my hand and entered under the date Wednesday, April 20th, 1831, "Mr. Abernethy died this day at half-past 5 p.m. at Enfield, Middlesex, aged 66." The entry is written in the Conservator's clear, beautiful script and enclosed within heavy black lines. He has placed a mark of interrogation after the "66"; his memory was slightly at fault, for John Abernethy was born in the City of London on April 3rd, 1764, and had therefore completed his 67th year seventeen days before he died.

The event could not have taken Wm. Clift by surprise, for when we turn to the entry made under date of March 20th, we find, "Went to Enfield and returned, Mr. Abernethy too ill to be seen. Had been ten days on jelly water and no other nutriment." The bond between your John Abernethy and my William Clift, we shall see, was long and strong, and to learn why my predecessor felt his death so keenly we must turn to the entries which succeed the one enclosed by the deep lines of mourning. On April 23rd we read about a specimen he bought at the second and last day of the sale of Chevalier's collection—"an eburnated patella" for which he paid 18*s.*—and then this:

"Called upon Mr. Chantrey concerning Mr. Abernethy's death.

"1 pot of pomatum 1/-; sweet oil 3*d.* . .	1.3
Plaister of Paris, a bag	1.2
2 iron spoons	0.11
1 small tool	0.3½
Went to Enfield with Dr. Warburton.	
Bed at King's Head	2.0
Coach to town	2.0
Cabriolet from Bishopsgate . . .	1.6
Chambermaid	1.0"

Then under April 24th:

"Returned from King's Head, Enfield at 7 a.m."

* *Clift's Diary* is preserved in the Library of the Royal College of Surgeons. I am indebted to the Librarian, Mr. W. R. LeFanu, for giving me free access to it. The Diary begins in 1811 and ends in 1842, consisting of 31 volumes. I also take this opportunity to express my indebtedness to Mr. S. Wood, assistant in the Library of the R.C.S.

Now these items entered by my predecessor tell us much concerning the life of London when Mr. Abernethy died a century ago. If you went to Enfield, where Mr. Abernethy had his country home, you went on horseback as Abernethy did, or by stage coach as Clift did, and the journey, although rather less than ten miles, cost you two shillings. A cab from Bishopsgate to Lincoln's Inn Fields entailed an outlay of one and sixpence. On this occasion Mr. Clift had to resort to the King's Head for a bed; at ordinary times—and many an entry we find

The Chantrey Bust at the Royal College of Surgeons.

of a visit to Enfield—he was a welcome guest in the Abernethy household. We note, too, that the chambermaid was tipped; one shilling was William Clift's usual payment on such occasion in his many travels. When he was invited to dinner at Mr. Abernethy's town house in Bedford Row* he records the payment of a shilling to the butler.

You may wonder why the plaster-of-Paris, pomatum, spoons, etc., recorded in the entry just cited occur in connection with the name of Francis Chantrey—the

* Dr. G. C. Peachey writes me that the house, No. 14, is still standing.

famous sculptor. A copy of a letter which Mr. Clift had addressed to Francis Chantrey, the sculptor, explains their purpose; I will read the letter:

"ROYAL COLLEGE OF SURGEONS,
"LINCOLN'S INN FIELDS,
"*April* 28, 1831.

"DEAR SIR,

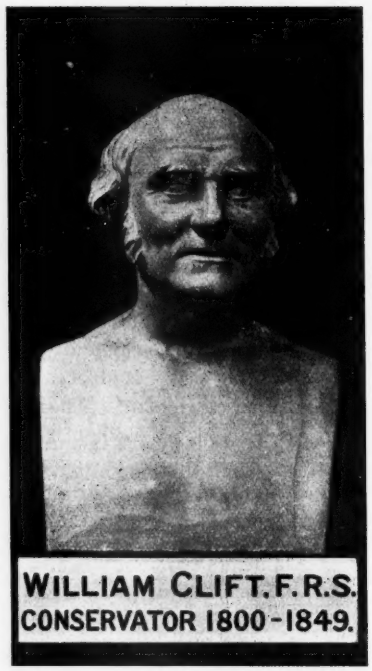
"I beg leave to acquaint you that I proceeded to Enfield on the evening of the day I saw you (April 23), and was much gratified in being made certain that a cast had been made, under happier circumstances than the present. I had never seen it before, but it was made several years since, when our friend was in the prime of life and includes the intire [*sic*] head and beginning of the neck.

"As soon as the subject can be revived, this cast will be sent to me or to Dr. Warburton for your inspection and use, and I shall lose no time in acquainting you of the first movement that is made respecting it.

"I remain, Dear Sir,
"Yours most respectfully,
"FRANCIS CHANTREY, ESQ." "WM. CLIFT."

This letter, as you will realize anon, becomes the text of my address, so I beg you to keep it in mind. Why was Clift so concerned in securing a bust of Abernethy? How did Clift come to know so much of Abernethy? I must first touch on the story of their friendship.

William Clift, who wrote this note to Chantrey was a hard judge of men. He had known all the great surgeons of Abernethy's time—Everard Home, Astley Cooper, Blizard, Cline, Lawrence, Earle, Vincent, Lynn, Carlisle—but had raised only two of them to the rank of heroes—John Hunter and John Abernethy. Nay, it was while rummaging in Clift's diaries and being made to see Abernethy through Clift's eyes that the great surgeon of St. Bartholomew's—the founder of your Society and School—became also a hero of mine. All through his life Clift was fighting a sense of inferiority—what in these Freudian days we call an "inferiority complex." He was not a duly qualified medical man; what he knew of anatomy and science he had picked up for himself. In 1793, when John Hunter died, John Abernethy, although only twenty-nine years of age, had already been Assistant Surgeon to St. Bartholomew's Hospital for six years, and was rising to fame as surgeon and teacher, while poor William Clift, eleven years his junior, was left, in company of a house-keeper, to tend Hunter's collection in Leicester Square for seven long years. Finally, as you know, the collection passed to its present abode in Lincoln's Inn Fields and Clift went with it as its Conservator. Abernethy became a member of the Board which is now named the Museum Committee. He observed that behind the modest, diffident demeanour of the little Conservator there was merit, loyalty, honesty, knowledge and skill; nor could he have been blind to the dominating patronage which the proud Sir Everard Home—Hunter's brother-in-law and trustee—continued to exercise over the servant of the College. Abernethy took Clift by the hand. They were thrown much together from 1814 to 1817, when Abernethy gave the Hunterian Lectures on surgery in the theatre of the College. He always spoke in those lectures of



CLIFT'S BUST IN THE MUSEUM OF THE ROYAL COLLEGE OF SURGEONS.

"our highly praiseworthy conservator Mr. Clift" and of what he had learned from him.

I am attempting to show you what kind of man your founder was, and my predecessor William Clift is to serve as our touchstone. The man who seeks to give his fellow man courage in himself is the man for me—the man for all of us—and that is what John Abernethy was for William Clift, when the fate of England was being decided at Waterloo. To illustrate the relationship between the two men, let me read this extract from one of Abernethy's Hunterian Lectures:

"Permit me to say, Gentlemen, though many may know it already, that Mr. Clift resided with Mr. Hunter

and was taught by him to exhibit anatomical facts in preparations; that he does credit to his excellent instructor; that he feels the same interest and zeal that his patron did for the improvement of this department of Science; and that he possesses the same candour and simplicity of character."

In 1819 Clift duly enters the fact that Abernethy had given the Hunterian Oration. When we turn to that oration, one of the best ever delivered, we find that the orator acknowledges Hunter as his master and exemplar, and William Clift as his worthy friend. It is in this year (1819) that Clift records: "This evening the four gas lights in front lighted for the first time." England was then entering her period of gas illumination and saying good-bye to oil lamps.

Presently Abernethy used his influence to have Clift elected a Fellow of the Royal Society (1824). Do you wonder, then, that John Abernethy was a hero in the Conservator's office at the Royal College of Surgeons? You already know the reputation which the great surgeon holds within the walls of this great Hospital; I thought it well to now place on record an opinion formed and held outside its walls.

The great surgeon and the little Conservator became bosom friends. We find records in the diary of pleasant week-ends at Enfield—Mrs. Clift being left at home. We find autumn excursions together—usually to some place on the south coast—Littlehampton, Brightlingsea, Southsea, Oxford, Cheltenham, Bath, and I cannot help noting the superiority of the male at this period: he left his wife at home on these excursions.

Then, in 1824, comes one of the most dramatic episodes in medical history—one in which Abernethy and Clift had each to play a part. Abernethy was then Chairman of the Board of Curators—the name given at that time to the Museum Committee. Clift had learned from the great and omnipotent Sir Everard Home—almost by accident—that the Hunterian documents and manuscripts had been deliberately burned.* The little Conservator turned in wrath from his patron, Sir Everard Home, and sought his chairman, John Abernethy, who by this time had refused a baronetcy. Of the men who had sat at the feet of Hunter, Abernethy best understood the greatness of the master, and struggled more successfully than any of his contemporaries to keep alive the example and teaching of one of the greatest medical philosophers the world has ever known. Hunter was the common hero of Abernethy and of Clift. They put their heads together; they brought Everard Home to book. All through the drama we see the resolute statesmanship of Abernethy: Home passes into history as a broken man. Most interesting is it to turn to Clift's diary at this period. In 1825 came to an end the period—a three years' period—of Abernethy's chairmanship of the Board of Curators. The Board had to prepare a triennial report to lay before the supreme governing body of the College, its Council. In Clift's diary we find, drawn up in his own writing, a draft of the report in which the Board has to explain its negligence in leaving the Hunterian manuscripts in the possession of Sir Everard Home. On May 31st Clift dines with Mr. Abernethy at Bedford Row, and after dinner they go over the draft together. Abernethy takes his quill pen, and here and there you may read his amendments, for he was a master of phrase. The situation is faced squarely; the Board of Curators in nowise shirks the responsibility; this was Abernethy's way. Nor in the eyes of his colleagues did Abernethy appear blameworthy, for in the following year (1826) they elected him President of the College. He was then 62 years of age. Abernethy had to wait for his honours; he had to serve this Hospital for 28 years before he attained the rank of a full surgeon.

In Abernethy's presidency the Conservator's week-end visits to Enfield became more frequent. A letter preserved in the Library of the Royal College tells us of the happy time Clift had as a member of the Abernethy household at Enfield. The record of a visit made at a rather earlier date (June, 1823) throws a welcome light on the activities of Abernethy's later life. During this visit he and Clift made experiments on earthworms. They divided worms at different points between the head end and tail end to ascertain the power of initiative retained by the separated segments of the body. It is not the conclusions drawn from these experiments which interests us now, but the fact that when in his sixtieth year Abernethy had not lost interest in the Hunterian method of inquiry. As you know, he pursued the quest for knowledge by experimental methods with great zeal in his earlier years. When he was appointed Assistant Surgeon in 1787, at the age of twenty-three he still attended Hunter's lectures, and presently we find him experimenting in the Hunterian manner—to determine the respiratory function of the skin and lungs, the possibility of building up living tissues from elements contained in pure air and distilled water, and to demonstrate that oxygen was really not necessary for the manifestation of "irritability" in living tissues. As a result of these inquiries he was elected a Fellow of the Royal Society in 1796 at the age of thirty-two. The third and last part of his physiological essays appeared in 1797, and thereafter he becomes teacher, surgeon, clinical observer and pathologist, but there is no mention of any

* For an account of this disaster, see the author's Vicary Lecture on Clift, *Brit. Med. Journ.*, 1923, ii, p. 1130.

§

further resort to experimental observation until we come to this stray record, made at Enfield in what we may regard as the terminal phase of his life. On another visit to Enfield Abernethy gave Clift a large biliary calculus to bring back to the Museum. Your Surgeon was rather proud of this specimen. Nature had played the part of operator, and discharged the calculus from a patient's abdomen by the slow and dangerous process of abscess formation. The mention of this specimen will bring home to you how far the surgeon's art has

ABERNETHY IN 1793.
Drawing by George Dance in the National Portrait Gallery.

improved since Abernethy's time. I mention this mark of progress in all humility, mindful of what the Abernethian orator of a hundred years hence may have to say of us. Very likely he will blame you and me for not knowing that biliary lithiasis was a wholly preventable calamity.

When I began this lecture it was my intention to permit William Clift to bury Abernethy—by citing extracts from his diary, which would bring vividly before you sad events of a century ago. When duly buried, I, Clift's successor, was to bring the great surgeon before you again and trace as best I could the part played by your founder in the life of this Hospital during a period of forty-two years, and at the same time, in an orthodox and straightforward way, enumerate to you the various improvements he effected in the art of healing. My scheme was wrecked by that letter which Clift wrote to Chantrey about Abernethy's bust. When I had transcribed the letter, I saw that it was necessary for me to explain to you why the little man was so zealous about the great surgeon's bust. So I had to turn back and trace the history of their friendship from this source and that, but chiefly from Richards's "Remembrancer," kept so carefully by my predecessor. Besides, has not the orthodox life of Abernethy been told many times? Did not his pupil George Macilwain tell the story of Abernethy's life in a two-volumed memoir in 1854? To be sure Macilwain was not an ideal biographer, and our gratitude would have been extended to him in greater measure had he been content to narrate and not to preach. On the other hand, the story of this friendship between Abernethy and Clift—to me a touching friendship—has never been told, and it does deserve to see the light of day. So I propose to hold on and pursue my circuitous course. At least there does emerge as I go a picture of your patron saint—dim and distant it may be, yet withal the picture of a man we cannot help taking to our hearts.

To show you the interest with which Clift followed the career of Abernethy, I turn to entries made in his diary on October 1st, 1822. We are informed that a meeting of the "Anatomical Society," of which Abernethy and Clift were members, was held on that day—a dining society, I suspect—but all I know of its existence I have gleaned from Clift's diary. Then it appears that the Board of Curators (of the Royal College of Surgeons' Museum) should have met; it was postponed because "Mr. Abernethy gives the first lecture in the new theatre of St. Bartholomew's Hospital; 406 present." All London must have been there; you may be certain Clift was. You know the history of the "new theatre"; its erection marks a milestone in the evolution of your School. The first surgical theatre was built in 1791. It was erected by the Governors of the Hospital, at a cost of £875, in order that John Abernethy, then Assistant Surgeon to the Hospital, and twenty-seven years of age, might lecture to his students within the walls of the institution, instead of in rooms he had hired in Bartholomew Close—just outside the walls.

It is usually said that Abernethy is the founder of this great Medical School. It is only partly true. Abernethy was in this matter but a willing and unselfish participator in a widely spread evolutionary movement. In 1787, when he became Assistant Surgeon and began

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further resort to experimental observation until we come to this stray record, made at Enfield in what we may regard as the terminal phase of his life. On another visit to Enfield Abernethy gave Clift a large biliary calculus to bring back to the Museum. Your Surgeon was rather proud of this specimen. Nature had played the part of operator, and discharged the calculus from a patient's abdomen by the slow and dangerous process of abscess formation. The mention of this specimen will bring home to you how far the surgeon's art has

ABERNETHY IN 1793.
Drawing by George Dance in the National Portrait Gallery.

improved since Abernethy's time. I mention this mark of progress in all humility, mindful of what the Abernethian orator of a hundred years hence may have to say of us. Very likely he will blame you and me for not knowing that biliary lithiasis was a wholly preventable calamity.

When I began this lecture it was my intention to permit William Clift to bury Abernethy—by citing extracts from his diary, which would bring vividly before you sad events of a century ago. When duly buried, I, Clift's successor, was to bring the great surgeon before you again and trace as best I could the part played by your founder in the life of this Hospital during a period of forty-two years, and at the same time, in an orthodox and straightforward way, enumerate to you the various improvements he effected in the art of healing. My scheme was wrecked by that letter which Clift wrote to Chantrey about Abernethy's bust. When I had transcribed the letter, I saw that it was necessary for me to explain to you why the little man was so zealous about the great surgeon's bust. So I had to turn back and trace the history of their friendship from this source and that, but chiefly from Richards's "Remembrancer," kept so carefully by my predecessor. Besides, has not the orthodox life of Abernethy been told many times? Did not his pupil George Macilwain tell the story of Abernethy's life in a two-volumed memoir in 1854? To be sure Macilwain was not an ideal biographer, and our gratitude would have been extended to him in greater measure had he been content to narrate and not to preach. On the other hand, the story of this friendship between Abernethy and Clift—to me a touching friendship—has never been told, and it does deserve to see the light of day. So I propose to hold on and pursue my circuitous course. At least there does emerge as I go a picture of your patron saint—dim and distant it may be, yet withal the picture of a man we cannot help taking to our hearts.

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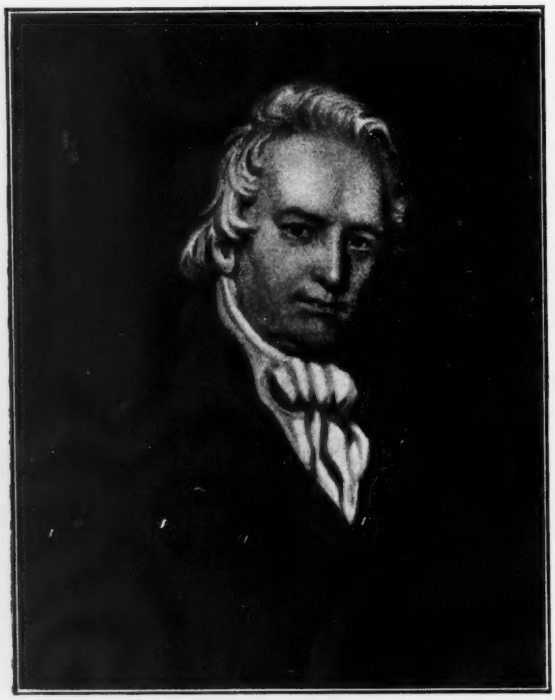
and a letter of resignation followed. A special meeting of the Council was summoned for August 12th, 1830, to accept Mr. Abernethy's resignation. A resolution had to be drafted beforehand; Mr. Edmund Belfour, Secretary to the College, and Mr. William Clift, the Conservator of the Museum, put their heads together to draw up a minute equal to Mr. Abernethy's deserts, for the consideration and acceptance of the Council. Mr. Clift took the drafting of this minute very seriously, and went to St. Bartholomew's Hospital to consult a minute



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MINIATURE OF ABERNETHY ON IVORY.

which had been passed when Mr. Abernethy resigned his surgeoncy. He found a copy of this minute had been framed* and presented to Mr. Abernethy "beautifully and minutely executed," and determined the College in this respect should not fall short of the Hospital. As this minute or certificate is known to me only by Clift's transcript, I will read it to you in full, because it gives us an estimate formed of Mr. Abernethy by his contemporaries:

"St. Bartholomew's Hospital,
April 23rd. 1828.
At a Committee holden this day
it was unanimously resolved that
John Abernethy, Esq.,
Having been the founder of the Anatomy
School of this Hospital
And having assiduously devoted
himself to the Interests of this Hospital
during a period of more than forty years,
In the Several Situations of Assistant
Surgeon, and Surgeon
with distinguished Ability, continued
attention and unabated zeal
And having also paid into the hands
of the Treasurer the sum of One Hundred
guineas for the use of this Hospital,
be recommended to the General Court
to be elected a Governor:
"It was also unanimously resolved
that such special recommendation be
not hereafter drawn into a precedent."

Now, with all due deference to the opinion of my predecessor, William Clift, and to the Bartholomew's men who drafted it, dead and gone long since, I think this minute was a lame acknowledgment of Abernethy's letter of resignation—tendered to the Governors of the Hospital on July 24th, 1827. Lest you have forgotten this well-known letter, I will quote it:

"Finding myself incompetent to discharge the duties of surgeon to your hospital in a satisfactory manner and having led my junior to believe I should resign my office at a certain period of my life, I hereby tender my resignation accordingly. At the same time, I beg leave to assure the Governors of my gratitude for their appointment to the offices which I have held under them, and for the good opinion and confidence which they have manifested towards me. I annex a draft for £100* for the use of the Hospital.

"JOHN ABERNETHY."

Now it seems to me that the minute which acknowledged this letter should have at once cited Abernethy's magnanimity and public-spiritedness. Old men had clung to their posts in the Hospital and kept him waiting for twenty-eight years as an assistant. He resolved that when his time came he should not play "dog in the manger," and placed his retiring age at sixty—that is, 1824—having been full Surgeon then only nine years. He would have retired at that time, but was prevailed

* This copy, and Abernethy's copy of the Royal College of Surgeon's minute referred to below, were presented to the Abernethian Society at the Centenary Celebration in 1895 by Mr. Alfred Willett. They were hung in the Abernethian Room, until the recent re-decoration of that room deprived them of their place.—EDITOR.

* Did the drafters of the above minute purposely convert Abernethy's pounds into guineas?—A. K.

upon to continue for three years more. Herein you learn what kind of man John Abernethy was. He was utterly unselfish, and his letter reveals to us how deep was his sense of gratitude. He was not the man who kicked down the ladder he had climbed by, nor did he sit on its steps so that others might be kept back.

As I have said, Clift carried a draft of the minute passed at St. Bartholomew's Hospital back to the College; it was to serve as an exemplar for the task Mr. Belfour and he had on hand. Mr. Clift has preserved in his diary five drafts of this minute—one by Mr. Belfour and four by himself—done in different styles of lettering. This is the minute quoted from Mr. Belfour's copy, but I suspect the phrasing to be Clift's:

"Royal College of Surgeons in London.
At an Extraordinary Meeting of the
Council holden on August 12, 1830,
on the occasion of Mr. Abernethy's
resigning his seat in the Council:
"Resolved unanimously
that the following memorial be
inserted in the Minutes of the Meeting
to the tune of Nancy Dawson [a ribald interpolation by Mr. Belfour to irritate Mr. Clift, I suspect].
John Abernethy
is a bright exemplar in the Scientific world
Guided by the purest motives (feelings)
His life has been devoted to the Improvement
of the healing Art;
His luminous writings have placed the
Science (Art) of Surgery on the permanent
basis of Anatomy and Physiology.
They breathe simplicity, humanity,
Truth (reverence) (piety) and disdain of all worldly
art (motives)
His labours as Councillor, Examiner, Professor,
Hunterian Orator, Curator and member of
every Committee have proved the accuracy
of his judgement, have expressed a mind and a
heart bent on good purposes and have (eminently)
conduced to success in all designs of the
College and to its advancement (dignity) in scientific
estimation and true dignity.
"The contemplation of his bust must
ever excite in liberal minds emulative
ideas of public virtue in the cultivation
of useful knowledge.*
"The Members of Council thus record
their grateful sense of his important (eminent)
services to the College and their deep regret
on its deprivation of the exemplary
exercise of such talent and integrity.
"By Order of the Council,
"EDMUND BELFOUR,
"*Secretary*."

* Underlined by the transcriber to draw attention to this strange clause.

Such is the estimate which contemporaries and colleagues formed of Mr. Abernethy; his attainment as a man of science is placed first; he is credited with the merit of having wedded surgery to anatomy and physiology; his personal character and his capacity as a man of business come later. I would reverse the order of his virtues; Abernethy lives for us because his humanity was both sincere and kaleidoscopic; he slapped the face of conventionality on every necessary occasion.

I have quoted the College minute, not only because it gives us a contemporary estimate of Abernethy, but because of that curious and puzzling phrase which speaks of "the contemplation of his bust by liberal minded people" which I have underlined. I have no doubt Clift insisted on the inclusion of this phrase because of a project which he had in mind. You will now understand why he hurried off to Enfield when Abernethy died with his supplies of plaster-of-paris, spoons and pomatum, and why he wrote the letter to Chantrey with which I commenced my address. I have taken you by a very long and roundabout way to reach the explanation of the letter, but I hope we have learned something of Abernethy as we went along.

We must again return to Wm. Clift's "Remembrancer." Abernethy died at Enfield on April 20th, 1831. The letter to Chantrey was written on April 28th. On this date Mr. Clift makes the curt entry:

"Mr. Abernethy's Funeral, in Enfield Church took place this day."

On the previous day, as Mr. Clift's entries show, he had been busy. Some public event was being celebrated—probably connected with William IV, who was not yet crowned.

"Illuminated in the front of the College, 36 lights.
In Portugal Street 6 lights.
by direction of the President *ad libitum*."

(The latter referring, I suspect, to beer for the porters rather than to illumination for the King.)

"Sent cards for Sir Wm. Blizard and Mr. Lynn
to Dr. Warburton from Mrs. Abernethy, after
the meeting of the Special Council to-day. Dr. W.
had left town, therefore sent to him by
Post to Enfield this evening from post office
in Bond Street, at an umbrella shop, near
Conduit Street."

Then five days after the funeral Mr. Clift makes his last entry concerning Mr. Abernethy. It relates to mourning rings "for Mr. Abernethy from Mrs. Abernethy." "Mr. Bruce sent the Abernethy rings which I delivered as directed; To Sir. Wm. Blizard; to Wm. Lynn, Esq."

Who was this Dr. Warburton we come across as a constant visitor to Abernethy at Enfield? My colleague Mr. LeFanu, Librarian to the Royal College of Surgeons, has given me the answer. He was son-in-law to Abernethy, physician to St. Luke's Hospital, practised off Bond Street, and was no doubt a Bart.'s man. But where in Enfield did Abernethy live? Many Bart.'s men whom I consulted on this point could give me no help and so I had to appeal to a "London" man—an old pupil of my own—Dr. R. Leslie Ridge, who

FIELD MANOR, ENFIELD.

practises in Enfield. I wrote to him, and by return came back the answer: "Abernethy lived in Field Manor; it still stands in its 15 acres of ground; it is only a stone throw from my house." Then I remembered the many Saturday afternoons, from 1815 onwards, on which Abernethy emerged from his house in Bedford Row, dressed, not in his knee breeches and silk stockings, but in rough tweeds—Kerseymeres they called them then—and top boots, and mounted his old mare "Jenny" and headed her along Gray's Inn Road, to meet the sharp breezes from the north. Let us accompany him to Enfield and see his home for ourselves. And as we jog along let us ask him why he chose these green meadow-lands of Middlesex for a home. Macilwain, his biographer, thought he had chosen badly. We pass through Tottenham if we follow the coach road to Ware and then thread the village of Edmonton. Abernethy will tell us it was here he met his wife—latish in life: it was in 1800 and he was 36—and I suspect it was she rather than he who chose Enfield for a country home. On entering the village of Enfield he turns sharp to the right along a road leading northwards to Cheshunt. Rather more than a mile along this way, known as Baker Street, he suddenly stops at a house built almost on the roadway. Not at all an ambitious house—one built of brick in the style of the early eighteenth century; a stone pavement behind an iron gateway leads up to a small Georgian front door; two small windows on each side of it; five windows in the first floor; the front wall rises up so that you scarcely see the dormer attic windows, which peer out from a tiled roof. Nor can we see the grounds in which the house stands, only the tree-tops. A ten-foot solid brick wall rises up and shuts out all view from the road—save the tall spires of pine trees—many of which Abernethy must have planted. You can see from the road, too, that the house is bigger than its front suggests; some early owner had built an addition parallel to the first, so that there are two gables to be seen from the south, both pierced with windows looking on to the grounds. Abernethy rides through the big gates into the grounds; they shut behind him and he then starts to live the life of a country recluse. His hospital and his patients are behind him.

As one looks at the front door, it is not difficult to suppose it is again April 28th, 1831. Mourners begin to arrive—a big contingent from his old Hospital. William Clift is an early arrival. Presently the *cortège*—Mrs. Abernethy and daughters in deep black, his only son—emerges and the procession wends its way down to the village, and to the church where Abernethy now lies.

But what of the bust? I must complete its history from William Clift's diary. We turn to the entry for May 14th, 1831: "Board of Curators at three; Plaister cast to be sent from Enfield." The Council commissions Mr. Chantrey to prepare a bust of Mr. Abernethy in marble for the College. Then, on Thursday, June 9th, 1831: "Mr. Chantrey at Winchester. To return on Saturday next. Wrote a note concerning the busts and further materials if necessary for Mr. Chantrey's use in completing the Marble bust." Then on Saturday, July 9th, "Went to Enfield to make some enquiries concerning Sir Thomas Lawrence's and Dr. Warburton's pictures and prints for Mr. Chantrey. Coach and Extra £2.2.1." Sunday, July 10th, "At Enfield rain all day. James and Jane 3/-." And then, not the last reference, but the last I shall extract concerning the bust: "Thursday July 21, 1831. Mr. Abernethy's Bust; Sir Thomas Lawrence's Picture is at St. Bartholomew's Hospital; Mr. Chantrey wishes permission to see it. Mr. Wm. Walker Wilby will show it him. The picture is in the

hall of the hospital and may be examined by Mr. Chantrey any day but the 27th of July which is the Venison Dinner Day, for which all other business must give."

Was not my predecessor a hero-worshipper? No one had rest till that bust was finished. Where is it now? Does its "contemplation" now "excite in liberal minds emulative ideas of public virtue?" I fear that when you visited the Royal College of Surgeons on compulsory occasions and were summoned to ascend the staircase to attend the examiner's table, you never noticed as you briskly mounted the carpeted steps, that just under the freize above you there is a long row of marble busts looking down in sympathy upon you. I know it would hurt Clift to the quick were he to see Abernethy now given only a place in the rank and file of the past surgeons of England. True it is, he has Astley Cooper for a near neighbour and Cline is not far away. Abernethy should never be ranked and filed; he was a man by himself. He should have a niche for himself like Lister and like Paget. Clift was right; he who looks on Abernethy's lineaments—even when they are in marble—looks on the face of a very human being who loved his fellow men, never avoided his enemy and was a great Englishman.

There was so much I wanted to say to you about the founder of your Society, but I must have regard to the clock and content myself with one reflection. As medical men we can never hope to see Abernethy as his contemporaries saw him. The villages which he knew, Tottenham, Edmonton, Enfield—nay, the great City of London itself—are not the places we know; they have been overwhelmed by a century of growth and transformation. All the outward management and conduct of human life within them has changed. Only by the greatest effort of imagination can we see them as he saw them. Even a greater revolution has happened in his world of Medicine: the Medicine and Science of which he was proud have been overwhelmed. On the day of his death his ideas were being doomed and his puzzles and problems were on the way to solution. In 1831 Pasteur was a lad of nine, while Lister, a boy of five, was at Epping—not so far from Enfield. Between them they made the modern medical student in his first year wiser than Abernethy was after forty years of experience. When he died the men were already living who replaced all his teaching about reproduction; he knew neither the ovum nor the part played by spermatozoa. We can never look at tumours as he looked at them; the microscope has altered our conception of all kinds of tissues—normal and abnormal. I can give you an instance that will bring home to you how far we have moved from the science and outlook of Abernethy's time. In the year of the great surgeon's death a young man, aged 22, named Charles Darwin, came to town to make preparations to accompany Capt. Fitzroy in H.M.S. "Beagle." That was the beginning of our interpretation of all things in terms of Evolution. Young Darwin called on Robert Brown, a botanist, then aged fifty-two, and attached to the British Museum—the man who first described the molecular movements we now call Brownian. He asked Darwin to look through his microscope. What Darwin was asked to look at was the nucleus of a cell—a new discovery which Brown had just made. Abernethy died as the nucleus of cells was being discovered. And now the literature on the nucleus and its chromosomes could not be contained in a large library! You will now understand what I mean when I say we can never see Abernethy as his contemporaries saw him. And the lesson I would take out of that and which I would commend to you is—that what has happened to Abernethy's discoveries will happen to all of ours, great or small as our discoveries may happen to be. Treat, then, our great dead with reverence. But there is one side of a man's nature which can never grow old—never pass out of date or fashion. That is his character. Abernethy as a man will never be out of date.

SHORT-TITLE BIBLIOGRAPHY OF THE WORKS OF JOHN ABERNETHY.

1791

An address to the audience at the conclusion of the first anatomical lecture delivered in a medical school, which was built, and afterwards enlarged, by order of the Governors of one of the Hospitals in London. [n.p.] [n.d.]

B^{1-8} Pp. 15. 8 ll.

Note: Printed by J. M'Creery, Tooks Court, Chancery-Lane, London, probably in 1791.
Copy: R.C.S.

1793

An account of two instances of uncommon formation, in the viscera of the human body. *Phil. Trans.*, Lond., 1793, lxxxiii, 59–66. Plates 2.

Surgical and physiological essays. London: Printed for James Evans, Pater-noster Row. 1793.

$[*]^4$ B–$G^8H^4I^2$ Pp. viii, 106. 58 ll.

Contents: An essay on the lumbar abscess.
An essay on the composition and analysis of animal matter.

Surgical and physiological essays. Part II. London: Printed for James Evans, Pater-noster-row. 1793.

[*]^2 K–O^{8}P^2 Pp. 107–205. 52 ll. Plates 3.

Contents: An essay on the nature of the matter perspired and absorbed from the skin.
An essay on the ill consequences sometimes succeeding to venæsection.

1796

Some particulars in the anatomy of a whale. *Phil. Trans.*, Lond., 1796, lxxxvi, 27–33.

1797

Surgical and physiological essays. Part III. London: Printed for Cadell and Davies, Strand. 1797.

[*]^2 B–O^8 Pp. 1–208. 106 ll.

Contents: Essay on injuries of the head.
A supplement to the essay on the lumbar abscess.
Experiments on irritability.
Surgical cases and remarks.

1798

Observations on the "foramina Thebesii" of the heart. *Phil. Trans.*, Lond., 1798, lxxxviii, 103–109.

1804

Surgical observations, containing a classification of tumours, with cases to illustrate the history of each species;—an account of diseases which strikingly resemble the venereal disease;—and various cases illustrative of different surgical subjects. London: Printed for T. N. Longman and O. Rees, Paternoster-row. 1804.

[*]^2 B–R^{8}S^4 Pp. 263. 134 ll.

1806

Surgical observations, part the second: containing, an account of the disorders of the health in general, and of the digestive organs in particular, which accompany local diseases, and obstruct their cure:—observations on diseases of the urethra, particularly of that part which is surrounded by the prostate gland:—and, observations relative to the treatment of one species of the nævi materni. London: Printed for Longman, Hurst, Rees, and Orme, Paternoster Row. 1806.

[*]^4 B–Q^{8}R^4 Pp. viii, 245. 128 ll.

1809 "*My book.*"

Surgical observations on the constitutional origin and treatment of local diseases; and on aneurisms. London: Printed for Longman, Hurst, Rees, and Orme, Paternoster-row. 1809.

a^6 B–T^{8}U^2 Pp. x, 292. 152 ll.

Later editions:
Third—London, 1814. Pp. xii, 315.
Fourth—London, 1817. Pp. xii, 315.
Fifth—London, 1820. Pp. xii, 341.
Sixth—London, 1822. Pp. xii, 346.
Seventh—London, 1824. Pp. xii, 346.
Eighth—London, 1825. Pp. xii, 346.

In another "eighth edition" (1826) and the succeeding editions the title was enlarged to—

Surgical observations on the constitutional origin. . . . on aneurisms: including directions for the treatment of disorders of the digestive organs.

Eighth—London, 1826. Pp. xii, 346.
Ninth—London, 1827. Pp. xii, 346.
Tenth—London, 1828. Pp. xii, 346.
Eleventh—London, 1829. Pp. xii, 346.
American [S.G.L.]: Massachusetts Medical Society. Library of Practical Medicine. Boston, 1832, ii, 123–263.

1810

Surgical observations on diseases resembling syphilis; and on diseases of the urethra. London: Printed for Longman, Hurst, Rees, Orme, and Brown, Paternoster-row. 1810.

[*] B–P^{8}Q^6 Pp. 234. 120 ll.

Later editions:
Third—London, 1814. Pp. 234.
Fourth—London, 1822. Pp. 234.
Fifth—London, 1826. Pp. 234.

Surgical observations on injuries of the head; and on miscellaneous subjects. London: Printed for Longman, Hurst, Rees, Orme, and Brown, Paternoster-row. 1810.

[*]^2 B–R^{8}S^2 Pp. 260. 132 ll. Plate 1.

Later editions:
Second—London, 1815. Pp. 260. Plate 1.
Third—London, 1821. Pp. 267. Plate 1.
Fourth—London, 1825. Pp. 267. Plate 1.

1811

Surgical observations on tumours, and on lumbar abscesses. London: Printed for Longman, Hurst, Rees, Orme, and Brown, Paternoster-row. 1811.

[*]^2 B–P^8 Pp. 222. 114 ll.

Later editions:
Second—London, 1816. Pp. 221.
Third—London, 1822. Pp. 221.
Fourth—London, 1827. Pp. 221.

The "Surgical Observations" grew from two volumes in 1804 *and* 1806 *into the four separate parts published between* 1809 *and* 1811. *In the latter year the first collected edition appeared in two volumes as—*

The Surgical Works of John Abernethy. . . . London: Printed for Longman . . . 1811.

New edition: London, 1816. 2 vols.
New edition: London, 1817. 2 vols.
New edition: London, 1819. 3 vols. [Vol. III contains Physiological lectures.]
New edition: London, 1825. 2 vols.
New edition: London, 1827. 2 vols.
American [S. G. L.]. From the 6th London edition. Hartford: O. D. Cooke & Co., 1825.

The Surgical Observations form Vols. I and II of "The Surgical and Physiological Works, 1830."

1815

An address delivered to the President and Governors of St. Bartholomew's Hospital by Mr. Abernethy, upon his election to the office of Surgeon to that institution, after having been an Assistant Surgeon during a period of twenty-eight years.

A^8B^4 Pp. 23. 12 ll.

Note: Printed by J. M'Creery, Tooks Court, Chancery-Lane, London, probably in 1815.

1814*

An enquiry into the probability and rationality of Mr. Hunter's theory of life; being the subject of the first two anatomical lectures delivered before The Royal College of Surgeons, of London. London: Printed for Longman, Hurst, Rees, Orme, and Brown, Paternoster-row. 1814.

$[*]^2$ B–G^8 Pp. 95. 50 ll.

A new edition: London, 1818. Pp. 79.
A new edition: London, 1821. Pp. 79.

1815

Part of the introductory lecture for the year 1815, exhibiting some of Mr. Hunter's opinions respecting diseases. Delivered before The Royal College of Surgeons, in London. London: Printed for Longman, Hurst, Rees, Orme, and Brown, Paternoster-row. 1815.

$[*]^2$ H–I^8K^4 Pp. 97–136. 22 ll.

(*a*) Printed by H. Bryer.
Reprinted with the date 1819 on title page:
(*b*) Printed by H. Bryer. "n" for "in" on title.
(*c*) Printed by A. & R. Spottiswoode.

The last two works appeared separately, but were re-issued together, with a special title page, and a dedication to the Council of the College of Surgeons, as—

Introductory lectures, exhibiting some of Mr. Hunter's opinions respecting life and diseases, delivered before The Royal College of Surgeons, London, in 1814 and 1815. London: Printed for Longmans, Hurst, Rees, Orme, and Brown, Paternoster-row. 1815.

New edition: London, 1819.
New edition: London, 1823.

1817

Physiological lectures, exhibiting a general view of Mr. Hunter's Physiology, and of his researches in Comparative Anatomy. Delivered before The Royal College of Surgeons, in the year 1817. London: Printed for Longman, Hurst, Rees, Orme, and Brown, Paternoster-row. 1817.

$[*]^2$ B–Z^8 Pp. 352. 178 ll.

Second edition: London, 1822. Pp. 352.

The Lectures for 1814, 1815 *and* 1817 *were issued together as Vol. III of* "The Surgical Works. A new edition. 1819."

1819

The Hunterian Oration, for the year 1819. Delivered before The Royal College of Surgeons in London. London: Printed by Strahan and Spottiswoode, Printers-street; for Longman, Hurst, Rees, Orme, and Brown, Paternoster-row. 1819.

$[*]^2$ B–L^4M^2 Pp. 83. 44 ll.

Note: An octavo edition was also printed to be bound up with the other physiological lectures delivered at the College. This contains the "Postscript" answering Lawrence's attack.
$[*]^2$ B–E^8F^2 Pp. 65. 36 ll.

1821

Reflections on Gall and Spurzheim's System of Physiognomy and Phrenology. Addressed to the Court of Assistants of The Royal College of Surgeons, in London, in June, 1821. London: Printed for Longman, Hurst, Rees, Orme, and Brown, Paternoster-row. 1821.

$[*]^2$ B–E^8F^6 Pp. 75. 40 ll.

The last five works were published separately, but could be bought complete in one volume as—

Physiological lectures. Addressed to The College of Surgeons. London: Printed for Longman, Rees, Orme, and Brown, Paternoster-row. 1821.

Later edition: London, 1825.

As "Physiological lectures and discourses . . ." they form Vol. IV of "The Surgical and Physiological Works, 1830."

1826

Address to the Council of The Royal College of Surgeons in London, by Mr. Abernethy, upon his election as President. On the 14th day of July, 1826.

fo. 2 ll.

Note: Printed for the College for private circulation.
Copy: R.C.S.

1828

Lectures on anatomy, surgery, and pathology; including observations on the nature and treatment of local diseases delivered at St. Bartholomew's Hospital. London: Printed by C. Smith, one Bell Yard, Strand; and sold by James Bulcock, 163, Strand and all medical and other booksellers. 1828.

$[*]^2$ B–Z^8 Aa–$Nn^8[*]^8$ Pp. 580.

* Taken out of chronological order to preserve the sequence of the so-called "Physiological lectures."

1830

Lectures on the theory and practice of surgery. London: Printed for Longman, Rees, Orme, Brown, and Green, Paternoster-row. 1830.

$A^6B–X^8Y^4Z^2$ Pp. xi, 331. 172 ll.

Note: Notes of Abernethy's Hospital Lectures were kept with religious care by his students. Many copies survive to this day, among them Peter Mere Latham's notes (1813), now at the Royal College of Surgeons. The first printed version appeared week by week in the *Lancet* from October, 1824, in a highly diverting verbatim report. Abernethy applied for an injunction against the *Lancet* to restrain its "hireling" from reporting his lectures. The editor continued to print his lectures, and never forgave him. To Abernethy's further discomfiture a "pirate" edition on miserably cheap paper was published by James Bulcock in 1828 "in the interests of the medical student" and doubtless with some advantage to the publisher. It was not until 1830 that the authorized version appeared; but in the translation from the fresh colloquial idiom of the spoken to the formal studied dignity of the written word, the sparkle was lost. Bulcock's edition is alive with Abernethy's personality: it remains to-day the most readable of all his works.

These surgical lectures form Vol. III of "The Surgical and Physiological Works, 1830."

The surgical and physiological works of John Abernethy, F.R.S. . . . London: Printed for Longman. Rees, Orme, Brown, and Green, Paternoster-row, 1830.

Four volumes.

Contents: I. II. Surgical Observations.
III. Lectures on the theory and practice of surgery.
IV. Physiological lectures and discourses.

NOTE ON "THE ABERNETHIAN CODE."

The Abernethian Code of health and longevity,

or every one's health in his own keeping, by the proper regulation of the stomach and bowels, in order to the attaining and securing those invaluable blessings, founded on the principles and practice of John Abernethy, Esq. F.R.S. Senior Surgeon to St. Bartholomew's Hospital. Containing full rules for the application of this system, by suitable regimen, diet and exercise; with an introductory [*sic*] view of the living functions of the animal economy, shewing their mutual relation to each other, and how they severally depend on that part of the machine that influences and regulates the whole. Concluding with some most remarkable instances of longevity, and its comparative estimate in different classes of society. *Principiis obsta*, &c. It is better to prevent than cure.

London: Published by J. Williams, 45, Paternoster Row. And sold by all booksellers. 1829.

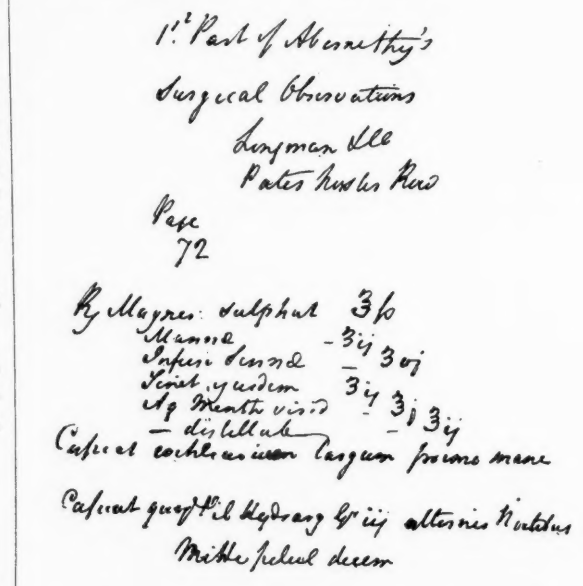
Pp. 24. 13 ll.

Copy: British Museum, where are also the editions of 1830, 1836, 1837 [1856].
American [S. G. L.]: New York, 1831.

Note: The full title of this peculiar pamphlet is printed to show the popular notion of Abernethy's practice, based on views expressed in "My Book." The work, in the publisher's ingenuous euphemism, was "connected with" two powerful medicines—the "Alterative Digester" and "Chylopoetic Aperient." Its Abernethian interest, apart from the title, lies in the following passage in its short address to John Abernethy, Esq.

". . . The celebrated seventy-third page of your book, is however inserted, that no reader may be under the necessity, particularly if he is economical, of making his pilgrimage for it to Longman's, according to your usual directions."

The tradition that Abernethy did so direct his patients is based on fact. Inside the cover of a copy of "My Book" in the Hospital Library are pasted the note and the prescription here illustrated:



On the back of the prescription is written: "This prescription is the handwriting of Mr. Abernethy for which I paid him one guinea."

NOTE ON "AN ESSAY ON MIND."

An essay on mind, and its moral education. London: Printed for Longman, Hurst, Rees, Orme, and Brown, Paternoster-row. 1812.

$[*]^4$ B–$E^{12}F^8$ Pp. v, 111. 60 ll.

Note: Macilwain appends to his short list of Abernethy's writings:

"I believe he wrote the Anatomical and Physiological articles of 'Rees' Encyclopædia,' as far as the Article on 'Canal'; and that he is the Author of a small Treatise on a Metaphysical subject, but I have not yet been able to ascertain this, and therefore cannot at this moment be responsible for the correctness of the statement."

There can be little doubt that the above essay is the one to which Macilwain refers; the philosophic tone, the

quotations from Hunter, the publisher's name, support the direct attribution of authorship to Abernethy by "Wm. Burrows" in his copy, now at the Royal Society of Medicine. A close examination of the book has persuaded us that Abernethy did not actually write it, though he certainly assisted the author.

The author hints, in his preface, that he is writing for his own children, and remarks later that the book is "not calculated for the perusal of those emerging from infancy, but of those approaching maturity." Abernethy married in 1800: the book is certainly not suited to a child of eleven years.

A stronger point is the author's disclaimer of expert anatomical knowledge. "As the mind is affected through the body, some anatomical knowledge seems requisite for the advantageous consideration of what relates to this connexion . . . the Author has, therefore, incorporated a medical friend's opinions with his own. . . ." The friend's opinion takes the form of a long quotation from the article on "Brain, Physiology of the," in the fifth volume of "The Cyclopædia . . . By Abraham Rees . . . London, 1819." In this work, subjects of Anatomy and Physiology were undertaken by Abernethy and Lawrence.

Our thanks are due to Mr. Geoffrey Keynes for valued encouragement, criticism and advice.

ALFRED FRANKLIN.
J. MOLINEUX JACKSON.

THE TREATMENT OF EMPYEMA.*

AS is well known, there is a rich and interesting literature on the subject of empyema, going back nearly two thousand five hundred years. For a hundred years there have been innumerable discussions on its treatment. Many of them were futile, and many fruitless. The arguments in the earlier years were based on insufficient data. There was no natural classification. With some, personal prestige counted more than truth, and prejudice more than critical judgment. Things different were regarded or treated as things similar. Superstition and tradition have many a time obscured the sight of fact. In order to get the subject into perspective, it may be well to make a brief historical review; not for convention's sake, but because this is not infrequently the only possible method by which to get a thing into perspective. Before doing so, however, let us consider what we are aiming at when we treat an empyema: To save the life of the patient and to spare him years of suffering; to get rid of all the pus; to promote the complete expansion of the lung; to achieve these things with the minimum of risk and discomfort to the patient.

* An address opening a discussion at the Paget Club.

At the beginning of the nineteenth century little or nothing was done for empyema. Those afflicted mostly died. Sometimes they recovered spontaneously, by rupture internally or externally.

Soon percussion was established. This alone led to earlier diagnosis, and cases began to be treated before it was too late. In 1816 Laennec introduced the stethoscope. Diagnosis was further advanced. Almost exactly one hundred years ago Thomas Davies introduced the exploring needle. Diagnosis by this was greatly advanced, and a differentiation could be made with certainty between pus and serous fluid. Operations for empyema now became more and more frequent. There was as yet, however, no bacteriological differentiation. Different types of empyema were treated by similar methods, but with very different results, and like the futile bitter "battle of the sides" of an earlier epoch, there arose an equally futile controversy about the admission or non-admission of air.

Approaching the middle of the nineteenth century we find the keenest interest being displayed in the subject. Many ingenious methods of treatment were employed. For example:

1. Simple single puncture.
2. Repeated punctures in the same or different places.
3. Puncture with introduction of a "cannule à demeure" in the chest, devised so as to prevent the entrance of air.
4. Incision with immediate reunion of the wound. This was, however, only for serous effusions.
5. Incision with a foreign body introduced into the wound to close it mechanically and yet to prevent its healing (gentian root, linen tampon).
6. Incision with a linen drain inserted in the wound. (An ancient method and one frequently employed.)
7. Incision and a compress.
8. Perforation of a rib.

Yet results were unsatisfactory. Many empyemas became chronic, many developed permanent sinuses. A matter of dispute at this time was whether all the pus should be allowed to escape at once. The orthodox view was the rule enunciated by Hippocrates, namely that the pus should be let out little by little and not all at once. Yet from time to time cases were reported where a dressing had slipped, pints of pus had come pouring out, and the patient, contrary to the law of man, had made a surprising recovery. In the first decade of the second half of the century rubber drainage-tubes were first employed. They were used in many ingenious ways. Sometimes two incisions were made and the tube threaded through. Sometimes syphon drainage was employed, the end of the tube being put under water. The value of this was hotly debated. These,

by themselves, would have achieved little; but before long came two great influences in the treatment of empyema: (1) The epoch-making discoveries of Pasteur, and (2) primary resection of the ribs. In 1882 Arbuthnot Lane published his first 5 cases of primary resection of the ribs for empyema. He was the originator of this method. Before long it became almost universal.

But it was not this alone that caused the improvement in results. Diagnosis had become more accurate and more early. Moreover, in the same year Koch discovered the tubercle bacillus, and this enabled a differentiation to be made between tuberculous and non-tuberculous empyemas—a differentiation that was essential before any just appraisement of a method could be made. Excluding the tuberculous empyema, the method of choice became primary resection and the insertion of a rubber drainage-tube. For a period this was a routine procedure. So firmly established did it become that it was pursued almost blindly, as a kind of fetish.

When after about thirty years' experience it was realized that in children under one year so treated the mortality was 80 to 90%, it began to deter the boldest and heartiest of surgeons, and the method had to be revised.

Again, in America, during the War, epidemics of various kinds were common in the big camps. There were large numbers of cases of acute fulminating empyema. Treatment by resection of rib and open drainage proved disastrous. The lesson from this experience was reinforced by the experimental work of Ewarts Graham, who showed that dogs, with an artificially-produced acute streptococcal empyema, treated in this way, all died.

Yet there are still those who maintain that they have found this method in their hands perfectly satisfactory in the treatment of empyema. It is impossible to say that any one method is satisfactory for all types of case.

The advance in the treatment of empyema has been not so much technical and mechanical, as in differentiation and classification. Methods approved to-day are in many instances revivals of old methods; but it has become a question, not of this method or of that, but to what case must we apply this method and to what that. And so we find that sometimes we must admit air, and sometimes not. For example, in an emergency aspiration for an acute streptococcal empyema, too high a negative pressure may be created and air must be allowed to enter forthwith, in order to relieve the symptoms. Sometimes we must allow all the pus to escape at once, and sometimes not. For example, in certain pneumococcal empyemas it is desirable to get rid of all pus and the great lumps of fibrin that exist, or drainage and lung expansion may be seriously hampered. Sometimes we must resect and sometimes not; sometimes employ negative pressure devices and sometimes not. These will be discussed later. Sometimes we must operate directly pus is discovered and sometimes not. For example, in the case of a pneumococcal empyema occurring early in the course of the pneumonia, yet doing no harm by reason of its size or toxicity, we should prefer to leave it until the pneumonic process had subsided.

I shall attempt to make a rough classification, and describe in briefest outline what I believe to be the best treatment in each case.

1. *The true tuberculous empyema.*—By this I mean pus that is sterile on culture, but which contains tubercle bacilli in large numbers. This, if causing no symptoms, may be left entirely alone. If causing symptoms, then replacement by oxygen. If this is not sufficient, irrigation. For this it is best to employ two needles, one below for the aspiration, and one above. The upper one will admit air whilst the pus is withdrawn. This having been done through the lower needle, an antiseptic such as acriflavine can be gently run in until it comes out of the upper needle. It is then syphoned off again. This can be repeated two or three times. In this way almost the whole of the pleural surface can be washed by the antiseptic.

If this fails thoracoplasty will have to be considered.

2. *Mixed empyema complicating tuberculosis.*—This is usually secondary to spontaneous pneumothorax. For this syphon or closed drainage of some kind may be employed. It may be sufficient to insert a catheter, or a self-retaining catheter, through a cannula, withdraw the cannula, then attach another tube by a glass connection, and let it dip into antiseptic fluid in a flask which may be tied on to the bed. If these measures are not sufficient, it may be necessary to resect and drain in the ordinary way. Sometimes with a low-grade infection it may be possible to get rid of the pus and yet maintain the pneumothorax, if desired, or the empyema may be no longer toxic and permit the establishment of an oleothorax. In some cases where I have been anxious to keep up the pneumothorax, I have employed irrigation with the two-needle method, as above, but this is only likely to be successful with very low-grade infections.

3. *Acute fulminating empyema.*—For this any open method is disastrous. The mediastinum is unfixed, and if the chest-wall is opened mediastinal flutter will take place. Early treatment may be demanded because of the amount of fluid or its toxicity, or both. Repeated aspirations may be needed until the pus thickens, then other methods may be necessary, or one of the many

negative pressure devices may be used. Often, however, an initial emergency aspiration will have to be performed.

Care must be taken in aspirating. Too great a negative pressure may be induced in the pleura. The patient may experience discomfort, great distress or become suddenly cyanosed. In such a case, air must be admitted at once. Removal of the tube from the aspirating needle or cannula will permit air to be drawn into the

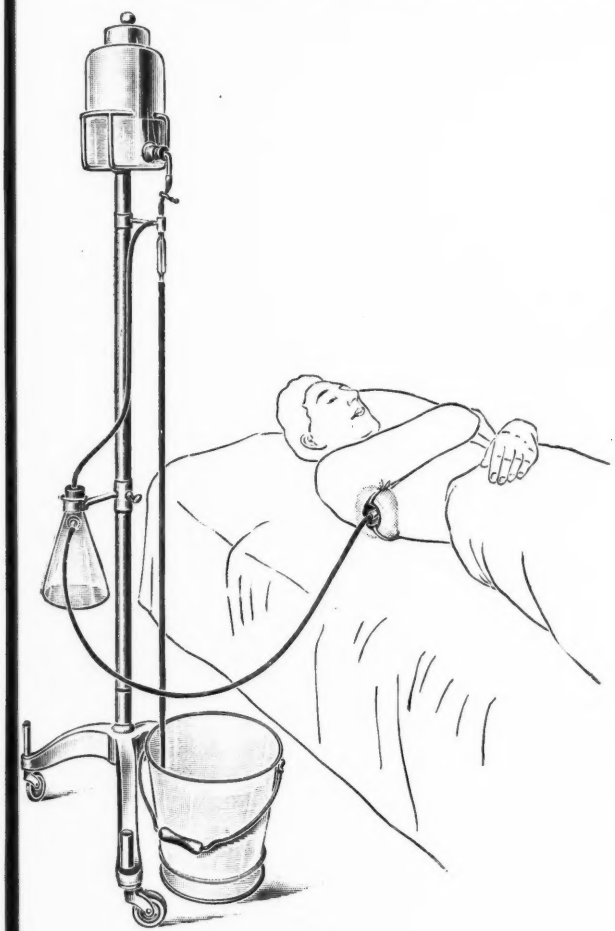


FIG. 1.

chest immediately. It can be filtered by placing cotton-wool or gauze over the end of the needle.

For negative pressure drainage a trocar and cannula may be inserted, care being taken not to admit air; a catheter is introduced through the cannula by an introducing rod, and some negative pressure device used.

If syphonage can be established, it may be possible to drain under water. The difficulty is that the tube may get blocked. It may be easy, however, to clear this by a syringe and some antiseptic fluid. Failing this, a Sprengel pump apparatus can be used, which is illustrated in Fig. 1, or a simple method of bottles, such as has been described several times, and recently at the Annual Meeting of the British Medical Association at Winnipeg last year by Dr. McEachern, and is roughly

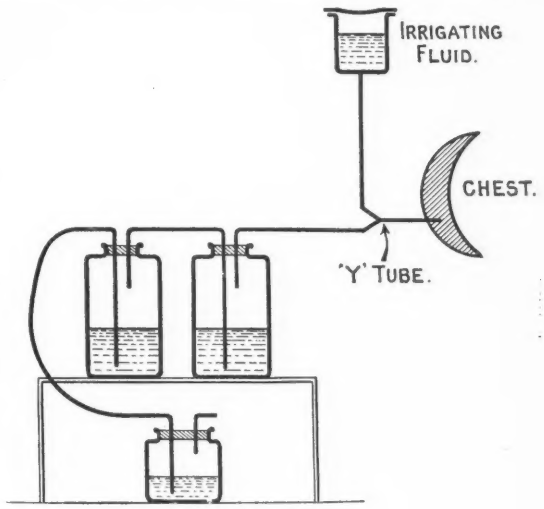


FIG. 2.

FIG. 3.

illustrated in Fig. 2. But in actual practice the Sprengel pump device is really simpler, if it is obtainable. The simplest device is a bottle, in which a negative pressure is obtained by the use of a Higginson's syringe with good valves, as illustrated in Fig. 3.

I would have it very clearly understood that the negative pressure device is not to promote lung expansion, but to prevent mediastinal displacement and mediastinal flutter. If the lung is free from disease and not bound down by thickened pleura, it will expand, if properly treated. If not, I am inclined to think that no amount of negative pressure will make it expand.

4. *Ordinary post-pneumonic empyema.*—For this resection of rib and drainage seems to be an excellent method. The exceptions to this are extreme old age, infancy, and a moribund patient. In these cases the simpler methods, such as those described, or simple incision between the ribs and a drainage-tube inserted, must be used. For the ordinary case, the practice of using a very large bore tube, sewing it in and putting the end under water is, I believe, a good one. The tube, however, must not extend far into the pleural cavity. I have tried many methods—aspiration, immediate closure after evacuating the pus, closed negative pressure drainage—but I doubt if, in the long run, they prove so satisfactory. Nevertheless closed negative pressure drainage is perhaps worth further exploitation, especially as nowadays we have the great advantage of X-ray control.

The anæsthesia of choice is local anæsthesia skilfully given. If the patient is highly nervous gas and oxygen may be used whilst the rib is being cut, and just as the pleura is opened. The place of incision is important. It should not be too far back lest the patient, by lying on the tube, may prevent drainage. It should not, in my opinion, be so low that the diaphragm is irritated, or may come up and partly occlude the end of the tube. As soon as possible breathing exercises should be instituted and the patient allowed up. If the lung will not expand, then irrigation by Dakin's solution should be started forthwith; if necessary, continuous irrigation, and if the lung is obstinate in expanding, it is well to leave a minute tube, if only a capillary tube, in for some time. It is dangerous to have residual fluid washing over and over the pleura; each time it does so it deposits a fine layer of fibrin. This is what makes a thick pleura, and this is what prevents the lung expanding. I have watched the phenomenon many times by the thoracoscope in other conditions.

If still the lung proves obstinate, decortication will have to be considered. Before it is possible to say that cure is complete, the two layers of pleura must be in complete apposition.

In conclusion, I would say that the great problem in empyema is not getting rid of the pus, but getting the lung to expand.

F. G. CHANDLER.

"THE INBORN FACTORS IN DISEASE."

THE author of *Inborn Errors of Metabolism* and of the Huxley Lecture on "Diathesis" was bound, sooner or later, to produce an essay which would voice his thoughts and beliefs on the subject of disease and diseased persons. Sir Archibald Garrod has accomplished this in a small volume entitled *The Inborn Factors in Disease*,* and, whether or not he intended to do so, he has put on record his philosophy—the philosophy that has grown from his experience as a physician, and from the results of his own investigations. Those who have read his earlier writings and who have known him as teacher or as colleague need no introduction to his latest essay, but this review is intended for those who have not enjoyed that privilege.

The first chapter deals with health and disease. Health is "a condition of unstable equilibrium, maintained by a continual struggle"; disease is "a condition in which the body has fallen, in greater or less degree, out of harmony with its surroundings," and the morbid picture presented by the diseased individual is the expression of the reaction between a complex organism struggling to survive and a set of harmful factors, whether derived from outside the body or arising internally. The morbid pictures do not occupy rigidly defined compartments, but merge into each other; but many of them recur over and over again with trifling variations, so that they cannot be ignored, and must be classified in groups by teachers and by authors of text-books. Individual cases of any particular disease, however, resemble "the drawings made from the same model by individual members of a drawing class," rather than "the prints pulled from a lithographic block." In any morbid picture account must be taken of two factors—the soil and the seed—and if this be accepted for what are recognized as diseases, these two factors are at work also in the causation of the many minor disturbances that fail to be recognized by the methods at our disposal.

The second chapter is a plea for the recognition of a chemical basis of individuality. The attributes of organisms must depend on the chemical differences in the constituents of the germ-cells from which they are derived. In the possible variations in the proteins, nucleo-proteins and substances of the lecithin group contained in the molecules of the germ-cells, there is room for differences not only between genera and species,

* *The Inborn Factors in Disease.* An Essay by Archibald E. Garrod, K.C.M.G. Oxford: Humphrey Milford, 1931. Pp. 160. Price 7*s.* 6*d.* net.

but also between individuals of a species. There is much to suggest that the inheritance of membership of a blood-group follows Mendelian lines, and it can hardly be doubted that the phenomena that result from the introduction of the blood of one individual into the veins of another individual of the same species are dependent on chemical or physio-chemical differences, and exemplify inborn chemical individuality. Other examples are given, and the chapter ends with the sentence: "Among the legacies thus handed down from one generation to another are predispositions to certain diseases, or exceptional powers of resistance, which play and have played no unimportant parts in the evolution of the human race."

The wonderful adaptation of man to his surroundings, while the surroundings have altered and the harmful factors that attack him from without have evolved, points to the occurrence and recurrence of mutations for the better adaptation of the individual. But the adaptation is so remarkable that deviations are apt to be disadvantageous, and evidence of the hereditary transmission of such unfavourable mutations as to entail unusual liability to disease is presented in Chapter IV. The inheritance of some of the factors in disease behaves as if the mutation is a Mendelian dominant, of others as if it is a recessive, while in hæmophilia, colour-blindness, and some of the muscular dystrophies, the behaviour is of the "knight's move" type, and is known as sex-linked recessive.

The basic principles of predisposition are discussed in these earlier chapters, and then the author proceeds to give a brief account of the several kinds of predisposition. This second part of the essay is an attempt to correlate the lessons learnt from the work of others with the results of his own investigations. Naturally the chapters on "Tissue Defects" and "Errors of Metabolism" are the most interesting and the most convincing, but while the others are thin in places, they do give a balanced account of the evidence obtainable in other fields of research. Chapter V deals with "Structure and Form in Relation to Disease," and encourages the work of the "Constitutional Clinics." The close relation between function and structure is emphasized, and the significance of the investigations of Hurst on the forms of stomachs, and the pathological events dependent thereon, is discussed.

Sir Archibald Garrod introduced us to the rare diseases, of which he has made a special study, in *Inborn Errors of Metabolism*, and in Chapters VI and VII of this essay he weaves them into his subject and shows how they, rare though they be, point to general principles, and vindicate a philosophy. There is little known yet of the influence of individuality on the clinical picture of the infective diseases, but Chapter VIII indicates how much more there is to learn. The allergic nature of many of the signs and symptoms is referred to, and leads naturally to the last chapter, on "Idiosyncrasies." The importance of the work of Dale and of Lewis on histamine and the relation of histamine to anaphylaxis and allergic idiosyncrasy are discussed. Idiosyncrasies to drugs are sometimes of the allergic kind, in other cases they may depend on deficiency in the ferments that destroy the drugs in the body; whether allergic or other, the factors that produce them appear to be intimately connected with the chemical structure of the tissues and the chemical life of the individual.

If it is ever permissible to read part only of an essay, there is one part of this essay that can be more strongly recommended than the rest, and that is the Epilogue. The Prologue reviewed and ciriticized the various theories of diathesis that have been built up; in the Epilogue, Garrod criticizes the aspect of this subject presented by him in the essay, and recognizes that in fifty years time the increased knowledge will displace many of his conclusions. What used to be spoken of as a diathesis is nothing but chemical individuality. "But to our chemical individualities are due our chemical merits as well as our chemical shortcomings; and it is more nearly true to say that the factors which confer upon us our predispositions to, and immunities from the various mishaps which are spoken of as diseases, are inherent in our very chemical structure; and even in the molecular groupings which confer upon us our individualities, and which went to the making of the chromosomes from which we sprang."

Perhaps he has quoted the views of others too much, for the reader hunts, frequently in vain, to find Sir Archibald's own opinion on many of the questions that arise, but it is the assembling of these views and the interweaving of them with matters on which he feels that he is justified to express his own conclusions that create the philosophy that is voiced in this essay. It is short, it is easy to read, you will feel richer and you will be wiser when you have read it. F. R. F.

ABERNETHIAN SOCIETY.

A meeting of the Society was held on Monday, April 20th, at 8.15 p.m. in the Medical and Surgical Theatre, the President, Mr. A. W. Franklin, in the Chair. Sir Arthur Keith delivered an address in commemoration of the centenary of the death of John Abernethy. The address, "Fresh Light on John Abernethy," is published in full in the JOURNAL. Sir Percival Horton-Smith Hartley proposed a vote of thanks, which was seconded by Mr. W. R. Bett.

A small exhibition of Abernethiana had been arranged by Mr. J. M. Jackson, and included Abernethy's gold repeater watch, lent by the Royal College of Surgeons.

STUDENTS' UNION.

RUGBY FOOTBALL CLUB.

Hospitals' Rugby Cup Final.

ST. BARTHOLOMEW'S HOSPITAL *v.* ST. MARY'S HOSPITAL.

This match was played at Richmond Athletic Ground on Wednesday, March 18th, in very warm weather. Both teams were at full strength, and Bart.'s included seven of the victorious Cup team of 1928. Bart.'s had the advantage of the wind in the first half and took the lead at the end of four minutes. Following good work by J. A. Nunn, a loose scrum had developed; the ball was swiftly heeled to Taylor, who broke away on his own round the blind side, and easily avoiding the opposing wing-forwards ran up to the full-back, and there gave the ball to Darmady, who had backed him up well, for the latter to score far out. Ryan failed with the kick (3—0). Following this reverse, Mary's pressed for some time, and on one occasion Seeley was only hurled into touch a yard short of our line. However, the more Mary's attacked the better the defence and tackling of the Bart.'s backs became, Prowse and Petty in the centre especially pulling their opposite numbers down relentlessly. Twice it looked as though Cherry, the Mary's left wing, would be given a clear run in, but each time the final pass went astray. Mary's were presented with an excellent chance of drawing level when they were awarded a free-kick for a scrum infringement on the Bart.'s "25," but Bevan's kick merely cannoned into the Bart.'s forwards standing on the mark. Bart.'s, having weathered the storm, took the initiative again, for with the stiff breeze blowing it seemed of vital importance that our lead should be increased before half-time. Good opportunities for achieving this object were presented by four penalties being given against Mary's in a very short space of time, but in each case, to quote the *Times*, "the ball did not rise high enough to get over the bar even if it had been going straight." Nunn, however, had hard luck with an excellent attempt to drop a goal, but apart from this, Bart.'s seldom looked like scoring, for Mary's were determined not to repeat their error of letting Taylor elude them. Half-time came with Bart.'s still established in their opponents' half.

With the breeze at their backs Mary's penned Bart.'s in their own "25" for the first quarter of an hour of the second half, and though they never actually looked like completing a movement successfully, yet such prolonged pressure seemed likely to gain its reward in time. However, Bart.'s had shown in the King's match particularly that they merely thrive on being forced desperately to defend their line, and now it was the turn of Mary's to discover this. Williams called upon his pack for renewed effort, while Taylor, by clever "sniping" runs and smart kicks to touch, gradually beat back the opposition, and soon Bart.'s were once more in their opponents' half of the field. With eleven minutes remaining for play the ball came out smartly to Taylor from a scrum on the Mary's "25" line, and Nunn, taking the opposition completely by surprise raced round the blind side to take his scrum-half's pass, and then, with two men left over, he handed on to Prowse, who dashed over to score near the posts. Ryan converted (8—0). All tension seemed to depart from the game after this score, and though Mary's carried play once more to our line, they were unable to penetrate the Bart.'s defence, and the final incident of the game was provided by J. D. Powell securing the ball and galloping the length of the field, only to be forced into touch on the corner flag.

Final score: Bart.'s 1 goal, 1 try (8 pts.); Mary's, *nil*.

Once again J. T. C. Taylor was the outstanding player on the field, and this despite the fact that he was suffering from a badly bruised knee, sustained in his splendid breakaway which led to our first try. In both attack and defence J. A. Nunn backed up his scrum-half excellently, and while all the three-quarters defended in their usual gallant fashion, C. B. Prowse may be picked out as having played one of his best games of the season. In this catalogue of superlatives the name of R. N. Williams must be mentioned, for his leadership and play in these cup-ties were of the highest order, and all the more credit is due to him for turning out in this Cup Final with a broken bone in his hand. For the rest of the pack it should be sufficient to say that they were a typical Bart.'s pack. To our full-back, T. J. Ryan, all our sympathy is extended in his misfortune in suffering so grave an injury; his courage in playing on during the final quarter of an hour, when he so materially assisted in preventing Mary's crossing our line, was remarkably fine. Finally, it should be noted that in the course of our three Cup-ties this year, on no occasion was a try registered against Bart.'s

Teams.—Bart.'s: T. J. Ryan (*back*); D. Thomas, G. F. Petty, C. B. Prowse, J. D. Powell (*three-quarters*); J. A. Nunn, J. T. C. Taylor (capt.) (*halves*); R. N. Williams, V. C. Thompson, H. D. Robertson, B. S. Lewis, J. R. R. Jenkins, E. M. Darmady, G. D. S. Briggs, R. Mundy (*forwards*).

St. Mary's: J. P. Morgan (*back*); C. P. Seeley, R. D. Wright, A. G. Cross, J. C. Cherry (*three-quarters*); J. P. Ryan, G. Jones (*halves*); J. J. A. Embleton, E. Parry, R. F. M. Child, W. W. Sargent, E. V. Bevan, R. S. Richmond, M. W. L. Owen, A. G. Manley (*forwards*).

ST. BARTHOLOMEW'S HOSPITAL *v.* BRISTOL.

Played at Bristol on Easter Tuesday, April 7th. Owing to the nearness of "finals" and to injuries, only eight of our cup-winning team were available for this match. The situation was considerably relieved, however, by the assistance of two London and one Guy's player being obtained. The ground at Bristol was heavy and the home team were by no means at full strength, though the internationals, Tom Brown and Barrington, were included in the side. Bart.'s kicked off, and shortly afterwards our backs brought off a glorious movement, which culminated with a delightful cross-kick from Powell, but no try resulted.

During a spell of Bristol pressure Kingdon intercepted cleverly and raced down the field, and after persuading his opposite number to buy a beautiful dummy, he drew the full-back and passed to Powell, who raced over for a try. Reidy failed to kick a goal. Bart.'s hung on to this lead until half-time, for Bristol failed to take advantage of two opportunities of kicking a penalty goal.

At the beginning of the second half Bart.'s were forced to act on the defensive for some time, and the whole team excelled in pulling down the opposition. At length, however, with Taylor caught in a loose scrum, quick passing enabled Bristol to be left with a man over, and Dowling crossed our line. The kick failed.

Straight from the kick-off Bristol went off with a rush, and Thompson was several times called upon to clear our lines, which he did in excellent style.

A dropped pass between the Bristol centres gave Wailer a chance to dribble the ball well into the home half, where Patch, displaying excellent ball control, took the ball on for 30 yards, to fall on it for a try. The crowd applauded this effort vociferously. With the score 6—3 against them Bristol made desperate efforts to score, but Barrington, although handling the greasy ball excellently, could not get past Nunn. Once a glorious tackle by Taylor hurled Dowling into touch a yard from our line. Clever kicking by the former and by Nunn and some grim work by the forwards drove Bristol back, and with no further score being recorded, Bart.'s were able to secure the honour of being the first London club to beat Bristol this season.

A word of praise is due to our young right wing pair, Buckland and Kingdon, for the way they played against such seasoned opponents, while Darmady's leadership and play in the pack were of great value. Of a hard-working eight Reidy may be mentioned as, literally, a tower of strength, while Harvey hooked well and played his most consistently energetic game of the season. Taylor and Nunn made an excellent pair of half-backs, and J. D. Powell was at his best in both attack and defence.

Team: H. R. Thompson (*back*); L. H. Buckland, J. R. Kingdon, L. Wailer, J. D. Powell (*three-quarters*); J. A. Nunn, J. T. C. Taylor (*halves*); B. S. Lewis, J. R. R. Jenkins, E. M. Darmady, G. D. S. Briggs, R. Mundy, K. J. Harvey, J. P. Reidy, K. A. Patch (*forwards*).

Final record of 1st XV: Played 31, won 10, drawn 1, lost 20. Points for, 204; against, 364.

1st XV scorers: Tries—Powell 11, Thomas 6, Taylor and Prowse 5, Darmady, Lewis and Youngman 3, Curtiss, Pirie and Jenkins 2, Gabb, Petty, Blair, Beilby, Harvey, Kirkwood, Mundy, Nunn and Briggs 1. Total, 51.

Goals—Ryan 15, Darmady 4, Kirkwood 3, Jenkins 1. Total 23.

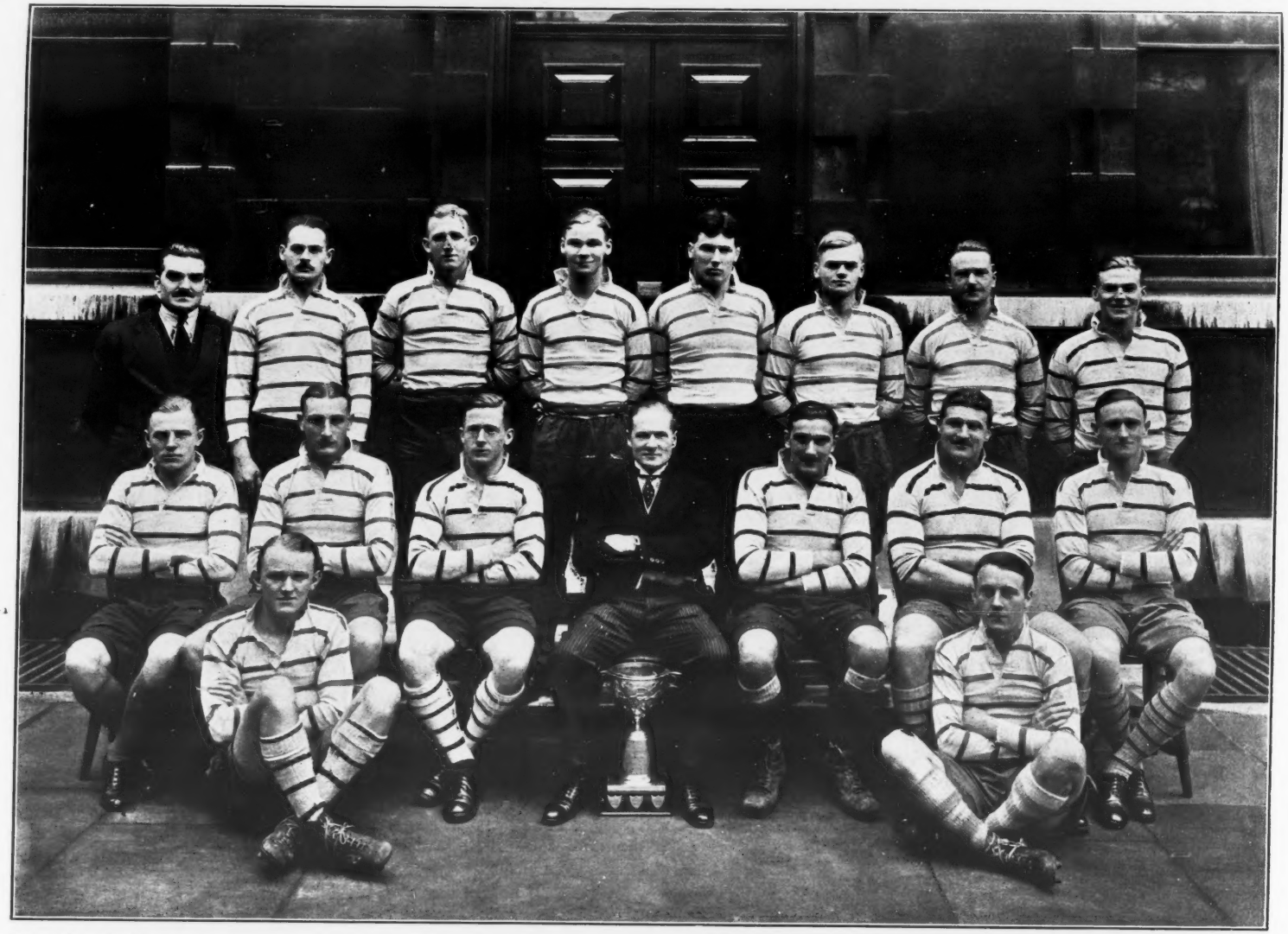


Photo: Excel Studios.

WINNERS OF HOSPITALS' RUGBY CUP, 1930–31.

Back row.—D. J. Stephens, J. D. Powell, R. Mundy, J. R. R. Jenkins, E. M. Darmady, H. D. Robertson, G. F. Petty, D. M. E. Thomas.
Seated.—J. A. Nunn, V. C. Thompson, J. T. C. Taylor (Captain), Dr. J. D. Barns (President), B. S. Lewis, R. N. Williams, C. B. Prowse.
Ground.—G. D. S. Briggs, T. J. Ryan.

Photo: Central News.

Photo: Excel Studios.

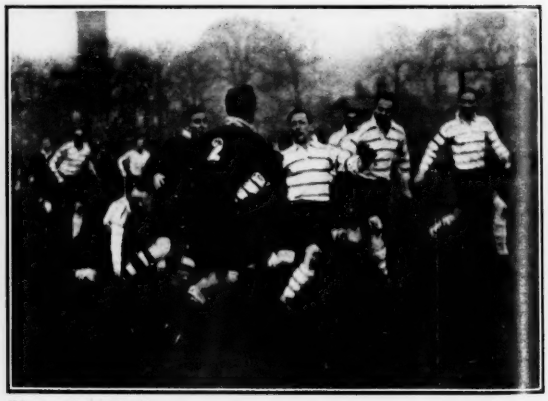


Photo: Excel Studios.

Junior Inter-Hospitals Rugby Cup Final.

ST. BARTHOLOMEW'S HOSPITAL *v.* LONDON HOSPITAL.

Played on the St. Thomas's Hospital ground on Tuesday, March 24th.

Bart.'s kicked off, and play for the first twenty minutes was confined to the Bart.'s half of the field. London looked dangerous on several occasions, but John relieved with some fine kicks to touch. Our pack was a trifle sluggish, due to this being their third hard game in five days. At length Bart.'s reached the London line, and from a loose scrum Harvey scored, but Buckland failed to convert. Shortly before half-time Cramer ran very fast to score an unconverted try for the London. Half-time came with the score 3 all.

Bart.'s pack showed greatly improved form in the second half, while outside the scrum Pirie was excellent and cut out some beautiful openings. After a quarter of an hour's play in this half Pirie cut through to score near the posts. John converted (8—3). Shortly afterwards a fine three-quarter movement ended in Buckland racing over for an unconverted try (11—3). With Pirie lying on the ground as the result of a heavy tackle, the London were able to take advantage of our disorganized defence to score a try, which was converted (11—8). The referee at this juncture blew his whistle for "no-side," and each side gave the other three hearty cheers. The referee was then reminded that 10 minutes still remained to be played, and thus Bart.'s entered on a rather worrying period with two men damaged, for in addition to Pirie, Wilson was suffering from a damaged shoulder. However, the former allayed all fears by cutting through brilliantly, selling a delightful dummy to the full-back and touching down between the posts for John to convert.

Final score: Bart.'s "A," 2 goals, 2 tries (16 pts.); London "A," 1 goal, 1 try (8 pts.).

Team: C. W. John (capt.) (*back*); L. H. Buckland, A. H. Pirie, F. J. Beilby, J. C. Youngman (*three-quarters*); J. R. Kingdon, J. O. Wilson (*halves*); J. S. Knox, K. J. Harvey, O. W. Moynagh, A. T. Blair, E. C. Fountaine, J. M. Jackson, J. W. Cope, W. H. Gabb (*forwards*).

Final record of "A" XV: Played 29, won 24, drawn 3, lost 2. Points for, 557; against, 139.

TENNIS CLUB.

With the majority of the members of the 1st and 2nd VI's who got to the finals of the Inter-Hospital Tennis Cups last year still at the Hospital, the Tennis Club looks forward to a successful season.

The Cup-ties start on May 16th, and in the first round we play St. George's, who have entered the competition for the first time. A full programme of fixtures for 1st and 2nd VI's has been arranged, there being a match for one or both VI's every Wednesday and Saturday until the beginning of July.

A most encouraging entry of 94 has been received for the Open Singles Tournament, which will be started at the end of April and continue throughout the term.

CORRESPONDENCE.

RECOVERY FROM TETANUS FOLLOWING TREATMENT BY ANTITOXIN.

To the Editor, 'St. Bartholomew's Hospital Journal.'

DEAR SIR,—Having read in the *British Medical Journal* of January 10th a letter from Dr. O'Carroll, who was my predecessor at the Adeoyo Hospital, about a case of tetanus definitely cured by antitoxin, I thought that a report of another somewhat similar case might be of interest, the more so as I had seen the case referred to.

When I was away on four days' local leave last July, a boy of 15 was admitted to the Adeoyo Hospital with a very bad compound fracture of the tibia and fibula. This was the result of a motor accident. As the wound looked perfectly clean he was not given any antitoxin. The following is the subsequent history of the case.

6.vii.30: Temperature 101·2°, pulse 104.

7.vii.30: Injection of morphine given for pain.

9.vii.30: Operation. An attempt was made to clean up the wound and set the bones, but without much success.

14.vii.30: Definite signs of tetanus appeared, consisting of rigidity of the leg, abdominal and neck muscles, with frequent spasms.

15.vii.30: A.T.S. 4000 units given into the theca in the lumbar region. No spinal fluid could be obtained.

17.vii.30: The spasms were getting worse, so A.T.S. 16,000 units was given into the lumbar theca.

19.vii.30: The boy's condition was exceedingly grave; indeed, I thought he was dying. He was given morphia gr. ¼, to relieve the pain.

22.vii.30: A further 16,000 units given into the spinal theca. The spasms gradually decreased in frequency, and the general condition gradually improved.

The temperature remained irregular till 1.viii.30, when I came to England on leave being relieved by the same man who had admitted the case. I had made no effort to do anything further for the local condition, which was in a bad state, with large overgrowth of unhealthy granulations.

2.viii.30: Operation. The tibia was sutured with fine wire twisted into a cord, there being no proper wire available. There was a post-operative rise of temperature to 101°.

8.viii.30: Sudden rise of temperature to 104·4°, with pulse of 120. The boy was given morphine. I hazard the guess that this was probably due to malaria, as the temperature and pulse fell to normal by the next day.

The temperature was irregular till 12.ix.30, averaging about 99·5° and gradually falling to 99°. All this time the boy was on quinine.

30.ix.30: Another sudden rise of temperature to 104·2°, falling next morning to 101°, and then gradually to normal, which was reached by 5.x.30. There were further slight irregularities till 1.xi.30, when it was again normal. All this time the wound in the leg had been slowly healing, but a small sinus was left, discharging pus.

I returned from leave in the middle of December, but did nothing further in the way of operative treatment till 10.i.31, when I enlarged the sinus and removed a sequestrum about 1 in. long by ¼ in. wide. I also removed the wires, which had done their work, as there was a firm bridge of bone joining the two fractured pieces. The boy was able to use the leg, and his general condition was excellent.

After this operation the wound gradually healed up, there being no further discharge, and the boy was discharged, cured, on 28.ii.31.

Tetanus germs are found everywhere in the road dust all over this district, and I have learnt to give A.T.S. to every accident case in which there has been the least possibility of dust contamination, with the result that I have never had a case of tetanus when I have had the patient under my personal observation from the first. Now and again one is tempted not to give A.T.S., as the wound seems so clean, but the two cases referred to above have taught me never to give way to this temptation.

Apologizing for trespassing so much on your space,

I am,

Yours, etc.,

W. CHALMERS DALE,
M.O. Adeoyo Hospital,
Ibadan.

ADEOYO HOSPITAL,
IBADAN,
NIGERIA;
March 3rd, 1931.

CONVALESCENT SERUM IN MEASLES AND POLIOMYELITIS.

To the Editor, 'St. Bartholomew's Hospital Journal.'

DEAR SIR,—We wish to make known the necessity of obtaining two valuable therapeutic agents of which this Hospital at present possesses none. Both are human sera, and both are quite irreplaceable by any other agent; neither is obtainable commercially.

Measles can be prevented with certainty by the administration of a small amount of serum from a recently recovered patient. The importance of such prophylaxis is obvious in hospitals; now that we have a children's ward, the admission of an undiagnosed case of

measles—a mistake which is sometimes unavoidable—may at any time call for the application of this method of prevention if many of the children are not to develop measles in addition to the complaints for which they have been admitted.

The second disease to which we refer is poliomyelitis. Here we are concerned rather with the treatment of the established disease, and for this purpose again the serum of a recovered case is the only specific agent at our disposal. It is possible by its means greatly to diminish the ill-effects of the disease, and it is difficult to conceive what more valuable action a remedy could have than the prevention of permanent paralysis.

Treatment with human serum is naturally attended by none of the undesirable effects which may result from the injection of horse-serum.

May we appeal to all readers of the JOURNAL who are working in the Hospital or within reach of it to give us any opportunity which may occur of obtaining these sera? Young children, who are the commonest sufferers, are least able to provide them; the removal from them of any considerable amount of blood during convalescence may be difficult or unjustifiable. It sometimes happens, however, that adults acquire these infections, and after recovery they are ideally suited as blood donors for this purpose. A quantity of blood from such an individual equivalent to that used for a single transfusion, will provide the means of protecting or treating as many as fifty children.

If anyone knows of a patient recently recovered from measles or poliomyelitis who might be willing to give blood for this purpose, will he kindly communicate with one of us?

We are,
Yours faithfully,
LAWRENCE P. GARROD.
CHARLES F. HARRIS.

ST. BARTHOLOMEW'S HOSPITAL, E.C.;
April, 1931.

REVIEWS.

MODERN SKIN THERAPY. By H. D. HALDIN-DAVIS, M.D., F.R.C.S., M.R.C.P. (London: Jonathan Cape, 1930.) Pp.128. Price 5s. net.

This is an extremely readable book, and should be of considerable value to general practitioners and medical students alike.

Divided into ten chapters and consisting of little more than an hundred pages, this book deals with the more common and chronic skin affections (which are so often exceedingly refractory to treatment). In discussing the causation of eczema, Dr. Haldin-Davis postulates that the modern passion for baths among the upper classes of this country may be the cause of roughened and inflamed cutaneous patches in middle age. In the treatment of psoriasis ciquolin is mentioned; Röntgen rays, in cases of ringworm of the hair, are preferred for epilation to thallium acetate, except in very young children, when the latter is advocated.

The gold treatment of lupus erythematosus is discussed, and, as has been found by other dermatologists, Dr. Haldin-Davis has obtained better results using sanocrysin than with krysolgan. The effect of gold injections in lupus vulgaris is not mentioned.

Perhaps the most striking advance in the treatment of skin affections during the last decade is the use of the Röntgen or X-rays. Few of the standard text-books of dermatology describe this form of treatment in any detail. In "*Modern Skin Therapy*" very interesting and instructive information is given, indication and contra-indication for Röntgen therapy, modern dosage, and a description of the Sabouraud pastille. The other types of actinotherapy are all discussed, ultra-violet light, the Finsen light and Reyn's modification of the latter, and are hailed as powerful modern weapons for combating various cutaneous lesions.

AN INTRODUCTION TO PHARMACOLOGY AND THERAPEUTICS By J. A. GUNN, M.D., D.Sc., M.A. Second edition. (Humphrey Milford, 1931.) Pp. viii + 233. Price 5s. net.

The necessity for a second edition of Prof. Gunn's book only two years after the first proves its demand and ensures its being up-to-date. The author has not only taught pharmacology to medical students at Oxford but has examined in ten great examination centres, and has a claim to know the needs of students which none can deny. Unlike quite a number of teachers who are inclined to boost their particular subject and bewail the lack of time spent upon it in the present medical curriculum, the writer has candidly and honestly shot overboard a mass of unnecessary detail as regards the preparation and composition of drugs, which was at one time the nightmare of every medical student. The chapters are arranged on a physiological plan—first a few pages on the physico-chemical properties in the body of water and salts, acids and alkalis, and after this we have drugs acting upon the various systems. Interesting points of history as to the origin of the drugs mentioned and their applications in disease, very briefly described, stimulate the reader and give a very definite value to the book as a practical manual.

It would be difficult to summarize antitoxins more successfully, and the small concluding chapter on anthelmintics is equally well done. There are few doses given, only those which are important, and which a beginner is likely to meet early in his clinical work. On the other hand, there is tucked away a wealth of information which can be used by one who has been qualified for some years.

The little volume is well printed and attractively produced. The author and publishers are to be commended in presenting again to the harassed student a mass of information in such a palatable form. There need be no doubts as to the success of this edition.

HANDBOOK OF PHYSIOLOGY. By W. D. HALLIBURTON, M.D., F.R.C.P., F.R.S., and R. J. S. MCDOWALL, M.B., D.Sc., F.R.C.P. Nineteenth edition. (London: John Murray, 1930.) Pp. xi, + 842. Price 18s.

"Halliburton" needs no introduction to our readers, and the present edition, slightly reduced in size and in price, will no doubt prove as popular as its predecessors, appealing as it does to those students who like a book of medium size, more readable than the smaller and more concentrated "cram-books" and at the same time free from unnecessary details. Several new illustrations appear in this edition, and much of the text has been re-written and re-arranged. Names and numbers to be memorized are printed in dark type. The book is everwhere sound, readable and up-to-date; it can be confidently recommended to students.

A MANUAL OF SURGICAL ANATOMY. By L. BEESLY, F.R.C.S., and T. B. JOHNSON, M.B., Ch.B. Third edition. (Humphrey Milford, Oxford Medical Publications, 1930.) Pp. xvi + 563. Illustrated. Price 18s. net.

The text and diagrams of this useful manual remain, for the most part, undisturbed in the new edition. Surgery and anatomy have been linked together in that in each chapter the important operations performed upon the part described are included. The subject-matter is nicely arranged, and a brief account of the surgery of the sympathetic system is included. The book will prove invaluable to surgical dressers, as well as to those entering for the higher surgical examinations.

REST AND PAIN: A COURSE OF LECTURES ON THE INFLUENCE OF MECHANICAL AND PHYSIOLOGICAL REST IN THE TREATMENT OF ACCIDENTS AND SURGICAL DISEASES, AND THE DIAGNOSTIC VALUE OF PAIN. By the late JOHN HILTON, F.R.S., F.R.C.S. Edited by W. H. A. JACOBSON, M.A., M.B., M.Ch.(Oxon.), F.R.C.S. (London: G. Bell & Sons, Ltd., 1930.) Price 5s. net.

A reviewer face to face with a new edition of a book which was a classic long before the dawn of his intelligence is wise to shed the mantle of critic and to play the modest *rôle* of announcer. It is difficult to recapture the thrill which one experienced on reading Hilton's *Rest and Pain* for the first time; the curious feeling of aversion which crept over one when about to tackle this formidable tome; and the abiding pleasure and profit which one sucked out of its careful study. The publishers have done well to reprint this medical classic in so inexpensive and yet so elegant a form.

RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN.

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DUNHILL, T. P., C.M.G., M.D., Ch.B. "Toxic Goitre." *Practitioner*, December, 1930.

GARROD, LAWRENCE P., M.B., M.R.C.P. "The Efficiency of Antiseptics used in Midwifery." *British Medical Journal*, April 4th, 1931.

HALDIN-DAVIS, G. H., M.D., F.R.C.S. "Exfoliative Dermatitis Cured by an Acute Attack of Bronchitis." *Clinical Journal*, April 22nd, 1931.

HEWER, C. LANGTON, M.B., B.S. "Anæsthesia in Thyroid Surgery." *British Journal of Anæsthesia*," April, 1931.

HOSFORD, JOHN P., M.S., F.R.C.S., "The Use of Local Anæsthesia in the Treatment of Fractures, with Conclusions Drawn from Fifty Cases." *British Journal of Surgery*, April, 1931.

POWER, SIR D'ARCY, K.B.E., F.R.C.S. "Some Bygone Operations in Surgery. III. An Historical Lithotomy: Mr. Samuel Pepys." *British Journal of Surgery*," April, 1931.

PRICE, L. R. WOODHOUSE, B.A., M.R.C.S. (and JACOBS, ARTHUR). "Renal Calculi with Squamous Carcinoma in a Hydronephrotic Kidney." *British Journal of Surgery*, April, 1931.

ROSS, J. PATERSON, M.S., F.R.C.S. "The Treatment of Cerebral Tumours with Radium." *British Journal of Surgery*, April 1931.

SHORE, L. R., M.A., M.B., M.R.C.P., D.P.H. "A Report on the Nature of Certain Bony Spurs Arising from the Dorsal Arches of the Thoracic Vertebræ." *Journal of Anatomy*, April, 1931.

WHARRY, H. MORTIMER, F.R.C.S. "A Case of 'Black Tongue.'" *British Medical Journal*, April 18th, 1931.

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Clinical Interpretation of Aids to Diagnosis. Vol. I.

ACKNOWLEDGMENTS.

Bulletins et Mémoires de la Société de Médecine de Paris—L'Echo Médical du Nord—Guy's Hospital Gazette—The Hospital—The Kenya and East African Medical Journal—Leprosy Review—The Magazine of the London Royal Free Hospital School of Medicine for Women—Medical Times and Long Island Medical Journal—The Middlesex Hospital Journal—The Nursing Times—St. George's Hospital Gazette—St. Mary's Hospital Gazette.

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B.Chir.—Fordham, M. S. M.

University of London.

Second Examination for Medical Degrees, March, 1931.

Part I.—Adams, F. J., Anderson, C., Atkinson, E. C., Bangay, E. B. D., Barber, D. S. D., Barnard, E. J. W., Baynes, T. L. S., Bohn, G. L., Clements, P. E. G., Cohen, S., Craig, D., Dransfield, C. M., Frost, L. D. B., Houghton, P. W., Hugh, H. M., Lavy, R. E., McGladdery, H. M., Mason, J. I. C., Nash, D. F. E., Premdas, I. H., Prothero, D. A., Rigby, E. P., Sansom, S. V., Yarrow, H., Youngman, J. G.

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Chemistry.—Lockett, J. M., Weiner, H.

Physics.—Prewer, R. R.

Biology.—Heasman, L., Moxon, T. H., Mundy, R., Prewer, R. R., Salmon, J. K., Wade, G. V. H., Webster, A. R., Weiner, H., Williams, R. T. H., Witt, R. C.

First Examination for Medical Degrees, March and April, 1931.

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Anatomy.—Appelman, M., Burstal, E. W., Butters, A. G., Cereseto, H. G., Jenkins, J. R. R., Kelnar, I., Mankin, E. M., Noordin, R. M.

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Materia Medica and Pharmacology.—Boney, A. R., du Toit, G., Halperin, J., Hamilton, G. J., Katz, M., Mason, T. O., Morgan, G. R., Ransome, G. A., Stanton, H. G.

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APPOINTMENT.

LLOYD, W. JEAFFRESON, M.B., B.Ch.(Cantab.), appointed Honorary Assistant Surgeon to the Hospital of St. Cross, Rugby.

BIRTHS.

BEVAN.—On April 15th, 1931, to Mary, the wife of Frank A. Bevan, M.B., B.S., Hadleigh, Essex—a son.

MACVICKER.—On April 8th, 1931, at Holt, Kingskerswell, S. Devon, to Joan (*née* Buttery), the wife of Dr. Colin MacVicker—a son.

ROSE.—On April 14th, 1931, at Attleborough, Norfolk, to Joy (*née* Knight-Gregson), the wife of Dr. E. E. F. Rose—a daughter.

URWICK.—On April 21st, 1931, at 84, Park Street, W. 1, to Violet, wife of Dr. Desmond Urwick—a daughter.

MARRIAGES.

ELKINGTON—BUDGEN.—On April 20th, 1931, in Lichfield Cathedral, by the Very Rev. the Dean of Lichfield, George Ernest, eldest son of Dr. E. A. Elkington and the late Mrs. Elkington, of Newport, Shropshire, to Kathleen Mary, second daughter of the Rev. Prebendary and Mrs. Budgen, of Lichfield.

HOBBES—CAMERON.—On April 16th, 1931, at St. Mary's, Selly Oak, by the Rev. W. E. Hobbes, assisted by the Vicar, Theodore H. Hobbes, M.B., B.S., to Janet Seaton Cameron, M.B., Ch.B., daughter of Mr. and Mrs. Angus Cameron, Fochabers, Morayshire.

JOHNSON—COUTTS.—On April 2nd, 1931, at Bowness-on-Windermere, Athol J. Johnson, M.B., Ch.B., Colonial Medical Service, elder son of Dr. Edith Johnson, of Blackpool, to Dorothy Gordon (Betty), younger daughter of Dr. F. J. H. Coutts, C.B., and Mrs. Coutts, of Bournemouth.

ROBB—AUSTEN.—On March 31st, 1931, at the Parish Church, Udimore, Sussex, William Austin Robb, M.D., to Anna Austen, B.A., of Brede, Sussex.

TISDALL—CORKRAN.—On April 8th, 1931, at St. Peter's, Cranley Gardens, Oliver Raphael, youngest son of the Rev. A. O. Tisdall, Holmdene, Yateley, Hants, to Christina Maude Evelyn Corkran, of 10A, Courtfield Gardens, S.W., daughter of the late Mr. and Mrs. Charles J. Corkran.

DEATHS.

JUKES.—On April 28th, 1931, after a short illness, Dr. Andrew Jukes, C.M.S. (retired) aged 83.

NORMAN.—On April 29th, 1931, at 51, Wiltshire Road,, Brixton, Frederick Norman, J.P., F.R.C.S.(Eng.), aged 67.

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